If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ward

(Yaar)

Date of onset

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| Example I  | Example II    |  |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 wcek, ago   |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       | The state of  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

BIND

RESERVED

MARGIN

V. S. No.

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| Ex  | ample I                   | 3/            | Example II   |               |  |
|---|---------------------------|---------------|--|---------------|--|
| The principal cause of deat of importance were as follo | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis  | 6 1933                    | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis                          | 1                         | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                                     | BURFAU V.                 | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|   |                           |               |  |               |  |
| Other contributory causes                               | of importance:            |               | Other contributory causes of importance:                                       |               |  |
| Gallstones  |                           | May 1,1923    | Gastroenteritis  | 1 year        |  |
|   |                           |               |  |               |  |
|   |                           |               |  |               |  |

S. No.

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| Example I  | li li         | Example II  |            |  |  |
|--|---------------|---|------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes Date of importance were as follows: |            |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy  | 1 week ago |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car  | 1 week ago |  |  |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis   | 3 days ago |  |  |
| BULLSAU V. S.  |               |   |            |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:  |            |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis   | 1 year     |  |  |
|  |               |   |            |  |  |

| MARGIN RESERVED FOR BINDIA | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
|----------------------------|--|
| V. S. No. 1                | N. B.—WRITE PLAINLY, WITH mation should be carefully s CAUSE OF DEATH in plain TION is very important. Se  |

| 1          | PLACE O   |   | IE O    |   |                                   | CERTIFICATE  | OF DEA   | іп (               | 10461            |
|------------|---|---|---------|---|-----------------------------------|--|--|--------------------|------------------|
|            | County  | Do  | rches   | ster.                                   | PORATR LIMIT                      |  | Registration D   | ist. No.           | 116              |
|            | Village or C                                    |   |         | ige, mu                                 | (lf                               | NO.  death occurred in a hospital or institution of the second of the se |  |                    |                  |
| 2          | . FULL NA                                       | ME Wa.  | lter.   | H. Beck                                 | cwith.                            | St., Ward.   |  | ive city or town a |                  |
|            | PERSON  | AL AND ST   | ATISTIC | CAL PARTIC                              | CULARS                            | MEDICAL O  | CERTIFICATE  | OF DEATH           |                  |
| 3, S       | Male  | 4. COLOR OR R   |         | 5. SINGLE, MARE<br>OR DIVORCED<br>Marri | (write the word)                  | 21. DATE OF DEATH  | Jan. 24  | ,1933.             | , 193<br>(Year)  |
| 5a.        | If marriad, widov<br>HUSBAND of<br>(or) WIFE of | ved, or divorced  Laur  | a Wil   | lley.                                   |                                   | 22. DIHEREB  | Y CERTIFY  | . That I attend    |                  |
| 6. I       | ATE OF BIRTH                                    | (month, day, and ye   | ear)    | Nor                                     | .8.1870.                          | I last saw halive on   | Jan of   |                    |                  |
| 7. A       | GE Yea  | ors M   | lonths  | Deys                                    | If LESS than 1 day,hrs.           | to have occurred on the date sta   |  |                    |                  |
| NO         |   | ssion, or particular<br>work dona, as SPIN<br>, BOOKKEEPER, etc | NNER,   | Custos                                  | lian of                           | ware as follows: Myseards  | tio  |                    | Oate of onee     |
| OCCUPATION | 9. Industry or work wa                          | business in which<br>s done, as SILK MI<br>LL, BANK, etc        | LL.     | Zion Cl                                 |                                   | heart E  | milmatis   | the                |                  |
| 200        | 10. Data deceas                                 | ed last worked at<br>pation (month end                          |         | 11. Total tip<br>spen<br>occu           | me (years)<br>t in this<br>pation | Calman   |  |                    | enemide          |
| 12.        | BIRTHPLACE (ci                                  |   | A       | irey, Md.                               |                                   | Other Contributory Causes of im-   | STATE OF THE PARTY | ••••••             |                  |
| ER         | 13. NAME  | Joe .   | Becky   | with.                                   |                                   |  |  |                    |                  |
| FATHER     |   | (city or town)  |         | Md                                      | )                                 | Name of operation  |  |                    |                  |
| 2          | 15. MAIOEN NA                                   | ME SATT   | ie Mo   | owbray.                                 |                                   | 23. If death was dua to external co  |  |                    |                  |
| MOINER     |   | (city or town)  |         |   | l.                                | Accident, suicide, or homicide?  Where did injury occur?   | Da   | ate of injury      | , 19             |
| 17.        | INFORMANT _ M                                   | Irs. Lau<br>Cam   |         | eckwith                                 |                                   | Specify whether injury occurred  | (Specify city or to<br>in INOUSTRY, in HOM   | E, or in PUBLIC    | State)<br>PLACE. |
| 18.        |   | TION, OR REMOVA   | L       |   | 26,1933                           | Manner of Injury   |  |                    |                  |
|            | UNOERTAKER(Address) FILED_Jan.                  | Frank<br>Cambri<br>26,193;                                      | dge,    |   | Volff ?                           | 24. Was disease or injury in any If so, specify (Signed) (Address)   | way related to occupat   | ion of deceased?   | Us               |

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| Example I  |                 | 1        | Example II  |               |
|--|-----------------|----------|---|---------------|
| The principal cause of death and rela of importance were as follows: | ted causes Date | of onset | The principal cause of death and related causes of importance were as follows:  | Date of onset |
| Arteriosclerosis FFB 6   | 1993 1          | 915      | Attack of epilepsy  | 1 week ago    |
| Chronic interstitial nephritis                                       | 1               | 921      | Run over by street car  | 1 week ago    |
| Cerebral hemorrhage   BURRAL   | July            | 5,1927   | Peritonitis •   | 3 days ago    |
| 1  |                 |          | 4   |               |
| Other contributory causes of importa                                 | nce:            |          | Other contributory causes of importance:  |               |
| Gallstones   | May             | 1,1923   | Gastroenteritis   | 1 year        |
|  |                 |          | . Manual State of the state of |               |

| ADDITIONAL | SPACE | FOR | <b>FURTHER</b> | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|            |       |     |                |            |    |           |

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| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronie interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago    |  |
| Cerebral hemorrhage RUREAU V. S  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| V. S. No. 1         | MARGIN RESERVED FOR BINDING  |
|---------------------|--|
| N. BWRITE PLAINLY   | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KECUKD. Every item of infor-          |
| mation should be ca | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state       |
| CAUSE OF DEATH      | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |
|                     |  |

|   | DEATH   |                 |                                      |   |                        |
|---|---|-----------------|--------------------------------------|---|------------------------|
| County_1_   | )ochester   | <i>.</i>        |                                      | Registration Dist. No. 115  |                        |
| Length of resid                                     | and the   | death occurred. |                                      | NoSt.,  death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?yrsmos. | Ward                   |
| (a) Resident  | e: No.  | (Usual place    | of abode)                            | St., — Ward.  If nonresident give city or town and Ste  | ale                    |
| PERSON  | AL AND STATIS   | TICAL PARTI     | CULARS                               | MEDICAL CERTIFICATE OF DEATH  |                        |
| 3. SEX  | 4. COLOR OR RACE  |                 | RIED, WIDOWED, D (write the word)    | 21. DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 193 <b>3</b><br>(Year) |
| 5a. If married, widow<br>HUSBAND of<br>(or) WIFE of | ed, or divorced   |                 |                                      | 22.   HEREBY CERTIFY, That I attended dec   | ceased from            |
| 7. AGE Yea  | s Months  | au . 12 -       | If LESS than 1 day,hrs.              | to have occurred on the date stated above, at . 5   | death is sal           |
| 3h  | el Bon  |                 | ormin.                               | Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:  | Date of onse           |
| kind of w<br>SAWYER,                                | sion, or particular<br>ork dona, as SPINNER,<br>BOOKKEEPER, etc<br>uusiness in which<br>dona, as SILK MILL,<br>L, BANK, etc | home            |                                      | Stul both Pend West Gests   | liv                    |
| 10 Date decease this occur year)                    | d last worked at attention (month and   | - spa           | ime (years)<br>nt in this<br>upation | brotably not induced  |                        |
| 12. BIRTHPLACE (cit<br>(State or cour               |   | Jan Geel        | <u>~-</u>                            |   |                        |
| 13. NAME 14. BIRTHPLACE (State or                   | (city or town). Shope   | igan Bor        | ha                                   | Name of operation   | opsy?h#                |
| 15. MAIDEN NA  16. BIRTHPLACE (State or             | (city or town)  | lung tre        | shim ex, ma                          | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide                                | , 19                   |
| 17. INFORMANT<br>(Address)                          | ine Bo  | shung a         | sell me.                             | (Specify city or town, county and Mate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC                               | E.                     |
| 18. BURIAL, CREMAT                                  | ion, or removal   | hulpata Ja      | n. 12, 19.33                         | Manner of injury  |                        |
| Place_Cla   |   | 9               |                                      | 24. Was disease or injury in any way related to occupation of deceased?   | 5                      |

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| Example I  | i i           | Example II   |                           |
|--|---------------|--|---------------------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| BUREAU V. S.   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death securred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence is city or town where death occurred How long in U.S. it of foreign birth?\_\_\_\_\_yrs.\_\_\_\_ 2. FULL NAME RECORD. (a) Residence No (Usual biace of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of 4 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months II LESS than Days to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance --- min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ jo back may Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc..... on 10, Data deceased last worked at 11. Total tima (years) this occupation (month and spant In this instructions occupation Other Contributory Causes of importance: 12. BIRTIIPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation\_\_\_\_\_ (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (Stata or country) 90 Whera did Injury occur?\_\_\_ Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pinous Very OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of Injury CAUSE mation LION Natura of injury (Address) Il so, specify (Signad) Registrar.

RESERVED

MARGIN

Date of onset

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_

(Specify city or town, county and State)

24. Was disease or injury in any way related to occupation of deceased?

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| İ             | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL | SPACE F | OR FURTH | ER STATEMENT | S BY | PHYSICIAN |
|------------|---------|----------|--------------|------|-----------|
|------------|---------|----------|--------------|------|-----------|

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

N. B.

| STATE OF MARYLAND-  | -CERTIFICATE OF DEATH 00465   |
|---|---|
| Donohookon  | Registration Dist. No. 116  |
|   | No. St Word   |
| Length of recidence in city or town where death occurred  | No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U. S. If of foreign birth?yrsmosds. |
|   |   |
| 2. FULL NAME Infant Cephas  (a) Residence: No. (Usual place of abode)                                 | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH  January 21 193 3   |
| 5a. If married, widowed, or divorced HUSBAND of   | (Month) (Day) (Year)  |
| (or) WIFE of  | 22. I HEREBY CERTIFY, That I attended deceased from, 19, to   |
| 6. DATE OF BIRTH (month, day, and year) Jan. 21, 1933.  | I last saw hi_M ative on, 19; death is said   |
| 7. AGE Years Months Days If LESS than 1 day,hrs   | to have occurred on the date stated above, at4. P.s.m.  |
| Stillborn ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc             | Still-born  |
| 12. BIRTHPLACE (city or town) Cambridge, R. F. D. 41 (State or country) Maryland.                     | Other Centributery Causes of Importance:  |
|   |   |
| 13. NAME James Cephas  14. BIRTHPLACE (city or town) (State or country) Maryland.                     | Name of operation Date of   |
|   | What test confirmed diagnosis?  |
| 15. MAIDEN NAME Lillia Young 16. BIRTHPLACE (city or town) Linkwood, (State or country) Maryland.     | 23. If death was due to externat causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  |
| 17. INFORMANT Birth certificate (Address)   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL Place Bucktown, Nd., Date Jan., 23, 19.33                           | Manner of Injury  |
| 19. UNDERTAKER Lowis Baynem (Address) Cambridge, Md.  20. FILED Jan. 23., 19.33                       | 24. Was disease or Injury In any way related to occupation of deceased? NO  If so, specify  (Signed)  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis FEB 6 1933                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| STATE OF MARYLAND   | CERTIFICATE OF DEATH 00405  |
|---|---|
| 1. PLACE OF DEATH   |   |
| county Word herler  | Registration Dist. No. //O  |
| . Village or City & welook  | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of rasidence in city ar town whera daath occurred  | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME belia, M. Call   | end   |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DEVORCED (write the Gord)  | 21. DATE OF DEATH  Auray 23rd  (Month) (Oay) (Year)   |
| 5a. If merriad, widowad, or divorced  MUSBAND of  (or) WIFE of Pollary & Column   | 1 HEREBY CERTIFY. That I attended deceased from   |
| 6. OATE OF BIRTH (month, day, and year) And I more  | last saw har eiva on Jany 12 2 1, 19 B 3, death is seid   |
| 7. AGE Years Months Oeys If LESS than   | to have occurred on the date relad above at 7 45 m.   |
| 93 y 1 day,hrs.   | The PRINCIPAL CAUSE OF OEATH end raiated causas of importance                                       |
| 9 Trada profession or particular  | were appollows:  Oate of onset  |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate dacaased last workad et this occupation (month end | 1-1-27-33   |
| SAW MILL, BANK, etc.  |   |
| O 10. Oate dacaased last workad et 11. Total tima (yeers) this occupation (month end year) occupetion   |   |
| year) Occupation  | Other Contributory Causes of importanca:  |
| 12. BIRTHPLACE (city or town) Ty arey land  | - A   |
| 1 410   | Influenza   |
| 14. BIRTHPLACE (CLY or town) 10004  |   |
| (State or country)  | Name of operation Oate of   |
|   | Whet tast confirmed diegnosis? Wes there an autopsy?  |
| 15. MAIDEN NAME Corestinga Tright  16. BIRTHPLACE (city or town)  | 23. If daath was due to axternel ceuses (VIOLENCE) fill In also the following:                      |
| O 16. BIRTHPLACE (city or town) Mary Con (Stata or country)   | Accident, suicide, or homicide?   |
| 1 (200)   | Whare did injury occur? (Specify city or town, county and State)                                    |
| 17. INFORMANT (Address) New Luch March  | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR PEMOVAL   | Manner of Injury  |
| Place Aurilo CA Ma Oata Jan 20, 1931  | Natura of Injury  |
| 19. UNDERTAKER TO BY Willows aley (Address) Fur Co ale  | 24. Wes disease or Injury In any way ralated to occupation of dacaased?                             |
| 20. FILEO 1/23 ld , 1933 Rolet f. Aprilings   | (Signed) Moger Myers M.O.   |
| Register.   | (Address) J During A ma   |

CTATE OF MADYLAND CEDTIFICATE OF DEATH

1.4. A CC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Dete of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               | (ag/(ag/   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

should state Exact statement of OCCUPA. ENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. A PERMAN TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS WRITE PLAINLY, B.

FOR BIND

MARGIN RESERVED

V. S. No.

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00467   |
|--|--|
| 1. PLACE OF DEATH  | 2  |
| County Toucheston  | Registration Dist. No. / 10  |
|  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)             |
| ~ ~ ~ ~  | ds. How long in U.S. if of foreign birth?yrsmosds  |
| 2. FULL NAME Long Dobite   |  |
| (a) Residence: No. (Usual place of abole)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY, That I attended deceased from  |
| 1 1011000  | , 19, to, 19, 19   |
| 6. DATE OF BIRTH (month, day, and year)  | l last saw h; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, atm.  |
| T S 1 day,hrs. ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset                      |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and | No Mysiesum in   |
| 9. Industry or business in which   |  |
| 9. Industry or business In which work was done, as SILK MILL, Falk, etc.   | 9 Mendane  |
| 10. Date deceased last worked at this occupation (month and year)  | death Tuberculosis   |
| 12. BIRTHPLACE (city or town) welling. Air   | Other Contributory Causes of Importance:   |
|  |  |
| 13. NAME DOUBLE 14. BIRTHPLACE (city or town) - Hurlock that,  |  |
| 14. BIRTHPLACE (city or town)  | Name of operation Date of  |
| (State or country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Puche  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Data of injury, 19   |
| (State or country)   | Where did injury occur?  |
| 17. INFORMANT And Solver Solver (Address)  | (Specify city or Iown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL   | Manner of Injury   |
| Place Mastern glan last landate 4/22 1932  | Manner of Injury   |
| 19. UNDERTAKER OStololium  | Nature of Injury   |
| (Address) Cacombridge and  | If so, specify   |
| 20. FILED 1/2-1/3319 Revet L. Transfer   | (Signed) Week to Hasting Freak M. B. (Address) Herlank Mg Register   |
| If more blanks are needed, address State Registrar,  | 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9:—The industry or business in which the work was done.

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|                 | Example II                               |   |
|-----------------|--|---|
| S Date of onset | of importance were as follows:           | Date of onset   |
| 1915            | Attack of epilepsy                       | 1 week ago  |
| 1921            | Run over by street car                   | 1 week ago  |
| July 5, 1927    | Peritonitis 7777                         | 3 days ago  |
|                 | Other contributory causes of importance: |   |
| May 1,1923      | Gastroenteritis                          | 1 year  |
|                 |  |   |
|                 | 1915<br>1921<br>July 5,1927              | The principal cause of death and related cause of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

| 1 | 6.0 |
|---|-----|

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY m

MARGIN RESERVED FOR BIND

V. S. No. I

min

| 1. PLACE OF DEATH  | 00468   |
|--|---|
| County Dischesler  | Registration Dist. No. 1/ 2   |
| Village or City Vienna Length of residence in city or town where death occurred vrs. 3.  | No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| C O O I O  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  | 21. DATE OF DEATH  ALLESTY (Day) (Year)  (Year)   |
| 5a. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I attanded daceased from   |
| 6. DATE OF BIRTH (month, day, end year) Ortoles 5-1932   | , t9, to, 19, 19  |
| 7. AGE Years Months Days If LESS than I day  | to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9 Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and year) occupation | Bronchial Cold  Dete of onset   |
| t2. BIRTHPLACE (city or town) Serimas (State or country)   | Dther Cautributery Causes of importance:  |
| 14. BIRTHPLACE (city or town)  |   |
| (State or country)   | Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME (Pauline Homes Ferras.  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Pausance Sohnis (Father) (Address)   | 23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicida?   |
| 18. BURIAL, CREMATION, DR REMOVAL Place Desma Deta Jan 5 , 193   | Manner of injury  |
| 20. FILED Jan 5-, 1933 Elizabeth & brash   | 24. Was disaase or injury in eny way related to occupation of decaasad?  If so, specify  (Signed) Elizabeth & braft  (Address) Lemma Tyd                                  |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

NT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIA N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN

| SIAIL O   | F MARYLAND—   | CERTIFICATE OF DEATH   | 00469            |
|---|---|--|------------------|
| County Doubles  | lu .  | Pagistration Disk No.  | 16               |
| 01  | 17.61   | Registration Dist. No.   |                  |
| Village or City Clesself  | Cocere  | NoSt.,<br>death occurred in a hospital or institution, give its NAME instead of street and                   | l number)        |
| Length of residence in city or town where de  | COV   | ds. How long in U.S. if of foreign birth?yrs   | nosds            |
| 2. FULL NAME WILL   | e ellevia A   | Juniver)   |                  |
| (a) Residence: No.  | (Usual place of abode)                                    | St., Ward.  If nonresident give city or town an  | d State          |
| PERSONAL AND STATISTIC  |   | MEDICAL CERTIFICATE OF DEATH   |                  |
| Femul wheli   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day)  | , 193 <u>ð</u>   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malthews                       | Dunnoch   | 22.   HEREBY CERTIFY That I attende  | d deceased from  |
| 6. DATE OF BIRTH (month, day, and year)   | wit 16-1857   | Clast saw her alive on 193   | 3 : death is sai |
| 7. AGE Years Months   | Days If LESS than   | to have occurred on the date stated above, at  | 9 10 1           |
| 75- 8   | 28   1 day, hrs. or min.                                  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                               | Date of onset    |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Love wock   | Branche Commonia   | 1/1/12           |
| 9. Industry or business in which work was done, es SILK MILL,                               |   | U for constant   | 4-11-            |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc           | 11 Tatal time (years)                                     |  |                  |
| this occupetion (month and  | 11. Total time (yeers) spent In this occupation           |  |                  |
| 12. BIRTHPLACE (city or town) wool  | Low   | Other Contributory Causes of Importance:   |                  |
| (State or country)  | Il  |  |                  |
| 13. NAME Thomas W   | Coursey   |  |                  |
| 4 14. BIRTHPLACE (city or town)   | offor   | Name of operation  |                  |
| (State of Country)  | med Michael   | Whet test confirmed diagnosis? Was there an  |                  |
| 15. MAIDEN NAME ROSE U  | office  | 73. If death was due to externel causes (VIOLENCE) fill in also the following                                |                  |
| 16. BIRTHPLACE (city or town)   | me  | Accident, suicide, or homicide? Date of injury  Where did injury occur?                                      | , 19             |
| 17. INFORMANT Matthew   | Dennock   | (Specify city or town, county and St<br>Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P | nte)<br>LACE,    |
| (Address)  18. BURIAL, CREMATION, OR REMOVAL  |   | Menner of injury   |                  |
| Place Cluved Cick   | Date fon 9 , 19 33  | Nature of injury   |                  |
| 19 UNDERTAKER DONNELL RE  | chockon   | 24. Was disease or injury in any way related to occupation of deceased?                                      | no               |
| (Address) Clevel 6.   | aces mul  | If so, specify   |                  |
| 20. FILED Jan 9, 1933 (   | CWOLF Registrar.  | (Signed) (Address) Carration   | m. I             |
| If more b.  | lanks are needed, address State Registrar.                | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |                  |

STATE OF MARYLAND—CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | li li         | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis (C)  | 3 days ago    |
|  |               | 100  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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| Example   | I                           | Example II   |                           |
|---|-----------------------------|--|---------------------------|
| The principal cause of death-and of importance were as follows:  Arteriosclerosis | related causes Date of onse | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis  | 1921                        | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage   | July 5, 19.                 | Peritonilis  | 3 days ago                |
| BUE   | DAU V. S.                   |  |                           |
| Other contributory causes of impo   | ortance:                    | Other contributory causes of importance:   | = = 171                   |
| Gallstones  | May 1,19                    | 23 Gastroenteritis   | 1 year                    |
|   |                             |  |                           |
|   |                             |  |                           |

V. S. No. 1 Ä

| :          | 1. PLACE OF DEATH   |   |                      |  | TERTIFICATE  | OF DEAT                             | 00471                                    |
|------------|---|---|----------------------|--|--|-------------------------------------|--|
|            | County Dore   | hester                                  |                      |  |  | Registration Dist                   | L No. II6                                |
|            | Village or City   | Salem,                                  |                      | 7 (II                                  | Nof death occurred in a hospital or inst   | titution, give its NAME ins         | St., War                                 |
|            | 2. FULL NAME TO (a) Residence: No.  | llen R.                                 | Fooks.               | ,13                                    | St., Ward.   | TOT TOTOLOGIC BITCH:                |  |
| 200000     |   |   | (Usual place         |  | MEDICAL  |                                     | city or town and State                   |
| 3.         | PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Widowed |   |                      |  | 21. DATE OF DEATH  | CERTIFICATE O  I  Auary 27  (Month) | (Day) (Year)                             |
| 5a         | . If married, widowed, or div   |   |                      |  | 22. I HEREE  | Y CERTIFY,                          | That I attended deceased fro             |
|            | DATE OF BIRTH (month, d   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5/9/1857             |  | i (ast saw h alive on  | // TO 70                            | , 19.7 2; death is sa                    |
| 7.         | AGE Years 75  | Months 8                                | Days<br>I8           | If LESS than 1 day,hrs. ormin.         | to have occurred on the date st<br>The PRINCIPAL CAUSE OF DE<br>were as follows: | /                                   | Importance                               |
| OCCUPATION | Trade, profession, or kind of work done SAWYER, BOOKKE  Industry or business work was done, as                                      | , as SPINNER,<br>EPER, etc<br>n which   | None                 |  | 14 min   | ween                                | 198                                      |
| OCCO       | work was done, as SAW MILL, BANK, 10. Date deceased last we this occupation (myear)   | orked at                                | 11. Total ti         | ime (years)<br>nt in this X<br>upation | ///  |                                     | <i>N</i> -                               |
| 12         | BIRTHPLACE (city or town<br>(State or country)  | ) Vienn                                 | na. Md.              |  | Other Contributory Causes of in  | nportance:                          | hope 15                                  |
| 1ER        | 13. NAME Robe   | rt Wrigh                                | htson.               |  |  |                                     |  |
| FATHER     | 14. BIRTHPLACE (city or t<br>(State or country)   | own)V                                   | ienna, N             | id                                     | Name of operation<br>What test confirmed diagnosis?.                             | churco                              | Date of                                  |
| HER        | 15. MAIDEN NAME   | Sophia                                  | Meekins              |  | 23. If death was due to external   | causes (VIOLENCE) fill in           |  |
| MOTHER     | 16. BIRTHPLACE (city or t<br>(State or country)   | own)Vi                                  | enna, Ma             |  | Accident, suicide, or homicide?  |                                     | of injury, 19                            |
| 17         | . INFORMANT TS. (Address)   | Wilbur Salem,                           | Fooks.               |  | Specify whether injury occurred  | (Specify city or town               | n, county and State) or in PUBLIC PLACE. |
| 18         | BURIAL, CREMATION, OR Place East Ne   | REMOVAL                                 | t.010. I/            | 29/33.                                 | Manner of injury<br>Nature of injury   | X                                   |  |
| 19         | . UNOERTAKER Gra  | nville :                                | S. LeCom<br>dge, Mar | nte.<br>yland.                         | 24. Was disease or injury in any   | way related to occupation           | of deceased?                             |
| 20         | FILED Jan 28,   | 19.33                                   | CEN                  | NO CA                                  | (Signed) (Address)   | Turan                               | My wod M.                                |

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| BUREAU V. B.   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | la mig        |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00472

| 1. PLACE OF DEATH   | 0_   | (F-a)  |
|---|--|--|
| County Con  |  | Registration Dist. No.   |
| Village or City Phro  | udale ms   | No. St., Ward  |
| Length of residence in city or town wh                      |  | s. ds. How long in U. S. if of foreign birth?yrsmosds.                           |
| 2/ ./   | Sof Han  | rett   |
| 2. FULL NAME  | 14000  | St. Ward.  |
| (a) Residence: No.  | (Usual place of abode)                                       | St., Ward.  If nonresident give city or town and State                           |
| PERSONAL AND STATE  | STICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE                                     | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of             |  | M. J. H. E. D. E. D. Y. G. E. D. T. E. Y. That Letterday designed from           |
| (or) WIFE of  |  | 22. I HEREBY CERTIFY. That I attended deceased from 2 7 ,1933, to Core 2 7 ,1953 |
| A DATE OF MINTH (mark days of mark)                         | B.A.11-1932  | Plast saw h alive on Q and ZC 1933; doath is said                                |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Yoars Months | and !  | to have occurred on the dete stated above, at Q m.                               |
| 6   | 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance                    |
| 8. Trade, profession, or particular                         | / ormin.   | were es follows Date of onset  |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, otc      | Infant   |  |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, otc      |  |  |
| SAW MILL, BANK, otc   |  | -  |
| - I this occupation (month and                              | 11. Total timo (yoars) spent in this                         |  |
| year)   | occupation   | Other Contributory Canses of Importance:   |
| 12. BIRTHPLACE (city or town)                               | Co   | enfuga   |
| (State or country)  | - 1  |  |
| 13. NAME Chrone   | trace  |  |
| 14. BIRTHPLACE (city or town)                               |  | Name of operation Date of  |
| (State or country)  | nex .  | Whet tost confirmed diagnosis? Was thore an au'opsy?                             |
| 15. MAIDEN NAME France                                      | is Harris  | 23. If death was due to externel causes (VIDLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)                               | 73.  | Accident, suicido, or homicide? Dato of injury, 19                               |
| ∑ (State or country)  | ,a   | Whore did injury occur? (Specify city or town, county and State)                 |
| 17. INFORMANT (Addross) Revolus                             | Cale   | Specify whother injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.        |
| 18. BURIAL, CREMATION, OR REMOVAL                           | 0  | Mannor of Injury   |
| Place   | Date 27 , 197  | Nature of injury   |
| 19. UNDERTAKER AND CANADA                                   | lloughby   | 24. Was disease or introving any related to occupation of deceased?              |
| 20. FILED 22 1937   | HS Pard  | (Signed) M. I  |
|   | Registrar.   | (Addross)  |

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|  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

FOR BINDY

MARGIN RESERVED

V. S. No. 1

ż

| County Dorol   | nester                                   | n <sub>A</sub> | To CINITO OF                           |  | Registration I                | Dist. No.            | 116              |
|--|--|----------------|--|--|-------------------------------|----------------------|------------------|
| Village or City  | Cambrid                                  | lge, Md.       |  | No.  |                               | St                   | War              |
| Length of residence in   |  |                | (i                                     | f death occurred in a hospital   | or institution, give its NAME | instead of street an | d number)        |
|  |  |                |  | sds. How long in   | o.s.n or toleign bilting      | yts                  | .1110\$03        |
| 2. FULL NAME (a) Residence: No.  |  | rood Are       |  | Ct 2 Ward  |                               |                      |                  |
| (a) Residence: ND.   | Luger                                    | (Usual place   | e of abode)                            | St., 2 Ward.   | If nonresident                | give city or town a  | nd State         |
| PERSONAL A   | ND STATIST                               | ICAL PART      | ICULARS                                | MEDIC  | AL CERTIFICATE                | OF DEATH             |                  |
|  | olored                                   |                | RRIED, WIDOWED,<br>ED (write the word) | 21. DATE OF DE   | ATH Jan.                      | 2<br>(Day)           | , 1933<br>(Year) |
| a. If married, widowed, or di<br>HUSBAND of  | vorced                                   |                |  |  |                               |                      |                  |
| (as) WIEE of   | arriet Has                               |                |  | not at all   | EBY CERTIF                    |                      |                  |
| . DATE OF BIRTH (month,  | day, and year)                           | ?              |  |  | e on                          |                      |                  |
| . AGE Years  | Months                                   | Days           | If LESS than                           | to have occurred on the d  | late steted above, at         |                      |                  |
| 62   | 3  |                | 1 day,hrs.                             |  | OF DEATH and related cause    | s of Importance      | Data of onsa     |
| 8. Trade, profession, or kind of work don  | particuler<br>e. as SPINNER.             | Claus Ta       |  | stound dead  | - Inquest wa                  | rived.               | Data or ouss     |
| 9. Industry or business  | e, as SPINNER,<br>EEPER, etc<br>in which | Gen. La        | oor                                    | Continu  | Hemontege                     |                      |                  |
| kind of work don<br>SAWYER, BDDKK<br>9. Industry or business<br>work was done, e<br>SAW MILL, BANF<br>10. Date decessed last w | s SILK MILL.                             |                |  | aruma.   | Hemony etc                    |                      | Jan 1-19         |
| 1D. Date decessed last we this occupation (myear)  | nonth and                                | Sp6            | time (years)<br>ent In this<br>upation |  |                               |                      |                  |
| 2. BIRTHPLACE (city or tow<br>(State or country)   | n) Dorche                                | eter Cou       | nty,                                   | Dther Cantributary Causes of importance: Orting. I Clerosis.   |                               |                      |                  |
| 1  | lliam Hash                               |                |  |  |                               |                      |                  |
| 13. NAME Wi  |  | )              |  | Name of apprehian  |                               | D.4f                 |                  |
| (State or country)   |  | 1              |  |  | nosis? History                |                      |                  |
| 15. MAIDEN NAME  | Fannie F                                 | oberts         |  |  | ernal causes (VIOLENCE) fill  |                      |                  |
| 15. MAIDEN NAME  | town) Dorch                              | ester Co       | .1.4                                   | Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur? (Specify city or town, county and State) |                               |                      | , 19             |
| (State or country  | ) Har                                    | yland.         |  |  |                               |                      |                  |
| 7. INFORMANT   | lliam F. I                               | Haskins        |  | Specify whether Injury oc  | curred in INDUSTRY, in HDI    | ME, or in PUBLIC     | PLACE.           |
| 18. BURIAL, CREMATION, OR REMOVAL Place augh Cometery Date Jan. 4 1933   |  |                | Manner of Injury                       |  |                               |                      |                  |
| Place dugit  | , eme cery                               | DateUall       | 1900                                   | Nature of Injury   |                               |                      |                  |
|  | M. StCla                                 |                |  | 24. Was disease or Injury  | In any way related to occupa  |                      | u                |
| 20 FILED Jan. 4  | 20                                       | F 51           | 0 10                                   | (Signed)   | 7 9 Islace                    | 82 X.                | 1                |

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| 00   |               |  |               |  |
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| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL   | SPACE    | FOR  | FURTHER     | STATEMENTS         | RV   | PHYSICIAN  |
|--------------|----------|------|-------------|--------------------|------|------------|
| THAT TO TAKE | OR ZECKA | TATE | I OTCLIFFIC | O I LI TIMET I I O | 17.1 | THE COLUMN |

BIND

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|  | Example I                               |               | Example II   |               |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                       | === 6 1000                              | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial neg               | phritis                                 | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                    | BUREAU V.S.                             | July 5,1927   | Peritonitis  | 3 days ago    |
|  |   |               |  |               |
| Other contributory                     | causes of importance:                   |               | Other contributory causes of importance:                                       |               |
| Gallstones                             |   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |   |               |  |               |
|  |   |               |  |               |

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|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronie interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| PES 0 4500   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
|  |
|  |
|  |
|  |

| 1                         | em of infor-   | should state   | f OCCUPA.   |  |
|---------------------------|--|--|---|--|
| •                         | RECORD. Every it   | 7. PHYSICIANS  | Exact statement o   |  |
| FOR BINDO                 | IS A PERMANENT   | stated EXACTLY   | properly classified.  | certificate.   |
| MARGIN RESERVED FOR BINDI | LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | ild be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | ry important. See instructions on hack of certificate. |

| STATE | OF MARY | AND- | CERTIFICA | TE OF | DEATH |
|-------|---------|------|-----------|-------|-------|
| SIAIE | UT WART | AND  | CERTIFICA | IE UF | UEAID |

| 1. PLACE                           | OF DEATH                                     |              |                                   |   | 6        |
|------------------------------------|--|--------------|-----------------------------------|---|----------|
| County                             | Dorchester                                   | *******      |                                   | Registration Dist. No. 116  |          |
| Village or                         | City Blackwat                                | er           |                                   |   | Ward     |
| Langth of re                       | seidanea in eity or town where               |              | (1)                               | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? | 4.       |
|                                    |  |              |                                   |   | us.      |
|                                    | AME Willis                                   | un Jews      |                                   |   |          |
| (a) Reside                         | ence: No.                                    | (Usual place | of abode)                         | St., Ward.  If nonresident give city or town and State  |          |
| PERSO                              | NAL AND STATIS                               | TICAL PARTI  | CULARS                            | MEDICAL CERTIFICATE OF DEATH  |          |
| 3. SEX                             | 4. COLOR OR RACE                             |              | RfED, WIDOWED, D (write the word) | 21. DATE OF DEATH  Jan. 12 193  | 3        |
| 5a. If married, wide<br>HUSBAND of |  | 1 Mich       | 104                               | (Month) (Day) (Ye   | Br)      |
| (or) WIFE of                       |  | 1            |                                   | 22. I HEREBY CERTIFY, That I attended deceased  | from     |
|                                    |  |              |                                   | Oct. 27 ,1932 ,to Jan. 11 ,19   |          |
|                                    | I (month, day, and year)                     | March V187   |                                   | I last saw h_im_ alive on   | is said  |
|                                    |  | Days         | If LESS than 1 day,hrs.           | The PRINCIPAL CAUSE OF DEATH and related causes of importence   |          |
| 55                                 | l 10   |              | ormin.                            | were as follows:  | onset    |
| kind of                            | work done, as SPINNER,<br>R, BOOKKEEPER, etc | Farmer       |                                   | Tuberculosis of Left Ling 1   | yr.      |
| I Industry of                      | business in which                            |              |                                   | THOSE OFFICE A TRIES  | <u>у</u> |
| SAW M                              | ILL, BANK, etc.                              |              |                                   |   |          |
| O this occ                         | ased lest worked at<br>cupetion (month and   | sper         | me (years)<br>it in this          |   |          |
| year) .                            | _  |              | pation                            | Other Contributory Causes of Importence:  |          |
| 12. BIRTHPLACE ( State or co       |  | hestor Co    | unty                              |   |          |
| 13. NAME                           | Thomas Jev                                   |              |                                   |   |          |
| T.                                 |  |              |                                   |   |          |
|                                    | CE (city or town) Dorg                       | rland.       | uncy                              | Name of operation Date of   | No       |
| 15. MAIDEN N                       |  |              |                                   | What test confirmed diagnosis? Wes there an autopsy?  | -14.0    |
| 16. BIRTHPLAC                      | E (city or town)Dorg                         |              |                                   | Accident, suicide, or homicide? Date of injury 19.  |          |
|                                    |  | rland        | I-A                               | Where did injury occur?   |          |
| 17. INFORMANT<br>(Address)         | Maggie Jews                                  |              |                                   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |          |
| 18. BURIAL, CREMA                  | ATION, OR REMOVAL                            |              |                                   | Manner of injury  |          |
| Place                              | ush Cemetery                                 | Date Jan     | . 16 ,1933                        | Neture of injury  |          |
| 19. UNDERTAKER _                   | H. M. StCla                                  | air          |                                   | 24. Was disease or Injury In any wey related to occupation of deceased? NO  |          |
| (Address)                          | Cambridge.                                   |              |                                   | If so, specify  |          |
| 20 FILED Jan                       | . 15 19 33                                   | 111          | Tolls                             | (Signed) L. H. Jascer   | _M. D.   |
| Lu, I ILLU-LLV-LLV-                | 13.7.7                                       | 4            | Registrar.                        | (Address) Cambridge, Md.  |          |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

over)

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| 1                      |                  |                 |               |
|------------------------|------------------|-----------------|---------------|
| ADDITIONAL SPACE FOR I | FURTHER STATEMEN | TS BY PHYSICIAN | 0             |
| popular called on H    |                  | 1 7.11. 111     | Jan. 20, 1932 |
| The bale had been dead | along to ton     | en lasted a la  | 2             |
| the state and          |                  | go bester.      | to the same   |
| hestopy and sympton    | is as large 1    | my paneth       | Do . I Though |
| The death was propas   | uly due to       | Mulumania       | /             |
|                        | /                | Wide            | Mtail Wit.    |
|                        |                  | //              |               |
|                        |                  | //              |               |

| M)                       | y item of infor-  | S should state   | it of OCCUPA.  |  |
|--------------------------|---|--|--|--|
| •                        | T RECORD. Ever  | Y. PHYSICIAN   | Exact statemer   |  |
| FOR BIND                 | IS A PERMANEN   | stated EXACTI  | roperly classified.  | ertificate.  |
| MARGIN RESERVED FOR BIND | N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| V. S. No. 1              | N. BWRITE PLAINLY, WI   | mation should be carefu  | CAUSE OF DEATH in 1  | TION is very important.  |

| STATE O  | F MARYLAND—  | CERTIFICATE OF DE  | ATH 00478   |
|--|--|--|---|
| 1. PLACE OF DEATH  | AND DORPOSETS LIMITO O                                       | 9  | 11/   |
| County Descheder   |  | P. Registration  | on Dist. No. // G   |
| Length of residence in city or town where de  2. FULL NAME Oville  (a) Residence: No. 8 3 hu | the occurred 1 yrs 3 mos                                     | ND.  death occurred in a horpital or institution, give its NA.  29_ds. How long in U.S. if of foreign birth?  St., Ward. | yrsmosda.   |
|  | (Vaual place of abode)                                       | If nonresid  | lent give city or town and State                            |
| PERSONAL AND STATISTIC   |  | MEDICAL CERTIFICA  | TE OF DEATH   |
| 3. SEX 4. COLOR OR RACE  Color of Race  Sa. If married, widowad, or divorced                 | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  (Month)   | (Day) , 193 3 (Year)  |
| HUSBAND of (or) WIFE of  |  |  | FY, That I attended deceased from                           |
|  | )t 10 1821   | l last saw h alive on last   | 19 1933<br>19 1932; death is said                           |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months                                  | Days   If LESS than  | to have occurred on the date stated above, at 1.3  |   |
| 1 3  | I day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related of were as follows:   | auses of Importance   |
| 2 Trade profession or particular   | 2 7   ormin.   | were as follows:   | Date of onset   |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.                                      | ine  | Beauthan   | 1-17-3  |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc                                       |  |  |   |
| Date deceased last worked at this occupation (month and year)                                | I1. Total time (years) spent in this occupation              |  |   |
| 12. BIRTHPLACE (city or town) Canha (State or country)                                       | idge   | Other Contributory Causes of importance:   |   |
|  | una.   |  |   |
| 13. NAME Service 14. BIRTHPLACE (city or town)   | 10   | Neme of operation  | Date of   |
| 14. BIRTHPLACE (city or town) (State or country)   | /  | What test confirmed diagnosis? Cleane  | Was there an autopsy?                                       |
| H 15. MAIDEN NAME Caulin   | · Orlinson   | 23. If death was due to externel causes (VIOL ENCE   |   |
| 16. BIRTHPLACE (city or town)  (State or country)  |  | Accident, suicide, or homicide?  |   |
| 17. INFORMANT O auline (Address) & Ohillia St  | Jambile al   | (Specify city<br>Specify whether injury occurred in INDUSTRY, in   | y or town, county and State)<br>1 HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Characteristics                                      | Date Jan 21 , 1933   | Manner of injury   |   |
| 19. UNDERTAKER LIMIS H   | Baymen   | 24. Wes disease or Injury in any way related to oc   | cupation of deceased?                                       |
| 20. FILED Jan. 21, 19 33   | CEWOLL REgistrar.  | (Signed) Carvell 9751  | du Sh   |

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| i i           | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5,1927   | Peritonitis  | 3 days ago  |
|               |  |   |
|               | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
|               |  |   |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL SP. | AGE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|---------|---------|------------|----|-----------|
|                |         |         |            |    |           |

|            | STATE OF MARYLAND—  | CERTIFICATE OF DEATH 004   | 13                |
|------------|---|--|-------------------|
| 1          | . PLACE OF DEATH  | (23)   |                   |
|            | County Woroffeeler  | Registration Dist. No. //O   |                   |
|            | Village or City Petersburg  | No. St.,St.,Step NoSt.,St.   | Wa                |
|            | Length of residence in city or town where death occurred 25 yrs                       |  |                   |
| 2          | FULL NAME amenda H  | Vones  |                   |
|            | (a) Residence: No. Peterstring /  | St., Ward.   |                   |
|            | (Usual place of abode)  | If nonresident give city or town and State                                     | :                 |
| 3. 5       | PERSONAL AND STATISTICAL PARTICULARS  4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH  |                   |
| 70         | emale Block OR DIVORCED (write the word)  | (Month) (Day) , 193  | (Year)            |
| a.         | If married, widowed, or divorced HUSBAND of (or) WIFE of                              | 22. I HEREBY CERTIFY, That I attended decea                                    | ased fr           |
| 8 1        | DATE OF BIRTH (month, day, and year)  | 1 Vist saw h 1 alive on a com 7 1935; de                                       | 19.5.<br>ath is s |
| _          | AGE Years Months Days If LESS than  | to have occurred on the date stated above, at                                  |                   |
|            | 33   -   1 day,hrs.   ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: | te of one         |
| 2          | 8. Frade, profession, or particular kind of work done, es SPINNER,                    |  |                   |
| OCCUPATION | SAWYER, BOOKKEEPER, etc. Sawson World   | She king on  | 12/               |
| CUP        | work was done, es SILK MILL,<br>SAW MILL, BANK, etc                                   |  |                   |
| 3          | 10. Date deceased last worked et this occupation (month and year)                     |  |                   |
|            | year) occupation get  | Other Contributory Canses of importance:                                       |                   |
| 2.         | (State or country)  |  |                   |
| ER         | 13. NAME / athou Vackeon  |  |                   |
| FAINE      | 14. BIRTHPLACE (city or town)   | Name of operation  | 7.                |
| -          | (State or country)  | What test confirmed diagnosis? Was there an autop                              | sy?               |
| HEK        | 15. MAIDEN NAME GOCCESS Waves   | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |                   |
| MOL        | 16. BIRTHPLACE (city or town) (State or country)                                      | Accident, suicide, or homicide? Date of injury                                 | , 19              |
|            | W. V ON DO Part   | Where did injury occur? (Specify city or town, county and State)               |                   |
| 17.        | INFORMANT Coloud Halland  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.      |                   |
| 18.        | BURIAL, CREMATION, OR DEMOVAL   | Manner of injury   |                   |
|            | Place level wr JMO Date Jan 47, 1933  | Nature of injury   |                   |
| 19.        | UNDERTAKER T, 10. Milleughifug  | 24. Was disease or injury in any way related to occupation of deceased?        | 20                |
|            | (Address) Hereto R  | If so, specify (Signed)  |                   |
| 20.        | FILED June 14, 1933 Nobt L. Bashing   | (Address) Hudeans Jan  | C                 |
| -          |   |  |                   |

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1  | [1            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | 1000          |
|  |               |  |               |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| STATE OF MARTLAND  | CENTILICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | (A)P   |
| County Darchester  | Registration Dist. No. 1/6   |
| Village or City Church Creek   | No. St., Ward  |
| (II  | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidence in city or town where death occurredmos  |  |
| 2. FULL NAME   | ele fruito   |
| (a) Residence: No. Christ Corecks  | St. Ward.  |
| (Usual place of abode)   | II nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |
| Lemale white marrier   | (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of  |  |
| (or) WIFE of Samuel H Jones  | 22. I HEREBY CERTIFY, That I attended deceased from                                      |
| De a 1804  | I lest saw her alive on 2 2 11 19 5 5 death is said                                      |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, et 6.35 A.m.                                  |
| 6 6 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance                            |
| 0 0 0 ormin.   | were as follows:   |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, House Weife SAWYER, BOOKKEEPER, etc.  | Tetroed leener of the  |
| Kind of work dona, as SPINNER, Fould Wefe SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this operation (month and | acteries 1728  |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc.   | 9  |
| 10. Data deceased last worked at 11. Total time (years)  | Distriction Come -   |
| this occupation (month and house spent in this 29 occupation   | epiate externs prostrug  |
| 12. BIRTHPLACE (city or town of own Parit  | Other Contributory Causes of importance:   |
| (Stata or country)   |  |
| 13. NAME J. Usen Robinson,   |  |
|  | Name of according  |
| 14. BIRTHPLACE (city or town) Church Color (State or country)  | Name of operation Date of  |
| 15. MAIDEN NAME Mary Parestle  | What test confirmed diagnosis? Was there an autopsy?                                     |
| I Ollent Greek   | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:          |
| O 16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicida, or homicida?  |
| A LA Lawar   | Where did injury occur? (Specify city or town, county and State)                         |
| 11. INFORMANT Church Church Church   | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                |
| 18 RURIAL CREMATION OR REMOVAL   | Manage of Indiana  |
| Place Camburdge neg Date Jan 14, 1933  | Menner of Injury   |
| 1 Plantal  | Nature of injury   |
| 19. UNDERTAKER CONSILL RUSS WILL COLLEGE WILL  | 24. Was disease or injury In any way related to occupation of deceased?                  |
| (Address) Clines to steek Mil  | If so, specify   |
| 20. FILED Jan /3 , 1933 Esloseff   | (Signed) M. D.   |
| Registrar.   | (Address)  |

V. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDI

stated EXACTLY.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE-PLAINLY

N. B.

AGE should be

should state of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronie interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPA | CE FOR FUR | THER STATE | MENTS BY PHY | SICIAN |  |
|----------------|------------|------------|--------------|--------|--|
|                |            |            |              |        |  |
|                |            |            |              |        |  |
|                |            |            |              |        |  |

FOR BINDIA

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 00481  |
|--|---|
| 1. PLACE OF DEATH  | 92:0  |
| County Mean R Looles dals  | Registration Dist. No. 1/0  |
| Village or City 7  | No. St., Ward   |
|  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? |
| 2 FILL NAME Hawood Janes   |   |
| (a) Residence: No. Phodor dale R.7.A)  | St. Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Market  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| Sa. If married, widowed or divorced HUSBAND of Mary Jones (or) WIFE of   | 22. I HEREBY CERTIFY. That I attended deceased from Did not allend him, Wieness the lasty   |
| 6. DATE OF BIRTH (month, day, and year) Soul 1 Chose   | I last saw h alive on, 19; death is said  |
| 7. AGE Years Months Days If LESS than 1 day,   | to have occurred on the date stated above, attm. t  The PRINCIPAL CAUSE OF DEATH and related causes of importance                   |
| 8. Trade, profession, or particular  | were as follows: Date of onset  |
| kind of work done, as SPINNER, And SAWYER, BOOKKEEPER, etc.  |   |
| 9. Andustry or business in which work was done, as SILK MILL,  | /   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation occupation |   |
| 12, BIRTHPLACE (city or town)  | Other Contributory Causes of Importance:  |
| (State or country) Hov. 60. Just   |   |
| 13. NAME Elegah Jones  |   |
| 14. BIRTHPLACE (city or town)  | Name of operation   |
| (State of Country) Ago 1 (1) 1   | What test commed diagnosist of the was the an au'opsy? Late   |
| 15. MAIDEN NAME SUNCE JUSTICES   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME CLEVE JUNE 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?   |
| (State or country) ADD - Co. WWW   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Charles Male mil   | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  TO STATE OF A CCIOCAST,                                   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Reech More Com Date / 29 1933  | Nature of injury  |
| 19. UNDERTAKER J. J. Williamgling  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) East new marfeel (Md   | If so, specify LG R   |
| 20. FILED 1/29 , 1933 Robot I baskings Registrar.  | (Signed) Augustust Vand   |

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|               | Example 11   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
|               |  |  |
| ='            | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

| (1                        | RD. Every item of infor-   | YSICIANS should state  | statement of OCCUPA-   |  |
|---------------------------|--|--|--|--|
| R BINDA                   | A PERMANENT RECO   | ted EXACTLY. PH  | perly classified. Exact  | ificate.   |
| MARGIN RESERVED FOR BINDA | BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| . No. 1                   | BWRITE PLAINLY, W  | mation should be caref   | CAUSE OF DRATH in  | TION is very importan  |

STATE OF MARYLAND—CERTIFICATE OF DEATH (16482

| 1  | . PLACE OF DEATH  |                        |  | 82-0   |                   |  |  |
|--|---|------------------------|--|--|-------------------|--|--|
|  | County Dorol  | ester                  |  | Registration Dist. No  | 1-6               |  |  |
|  | Village or City Carbrid   |                        | (lf  | No. Lastern Share State Last, Ward If death occurred in a horpital or institution, give its NAME instead of street and number) is. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds |                   |  |  |
| 2  | . FULL NAME   | Malissa K              | nowles   | - M  |                   |  |  |
|  | (a) Residence: No.  | Riverton, (Usual place | Jaryland<br>c of abode)                        | St., Ward.  If nonresident give city or town and   | State             |  |  |
|  | PERSONAL AND STATE  | STICAL PART            | ICULARS  | MEDICAL CERTIFICATE OF DEATH   |                   |  |  |
|  | Female   4. COLOR OR RACE   White   |                        | RRIED, WIO OWED,<br>ED (write the word)<br>Wad | 21. DATE OF DEATH January 10, (Month) (Oay)  | , 193 3<br>(Yeer) |  |  |
| 5a.  | If married, widowed, or divorced HUSBANO of (or) WIFE of Rufus  | Knowles                |  | 22. ! HEREBY CERTIFY, That I attended August 19, 19 32, to Jan, 10,  |                   |  |  |
| 6. I   | DATE OF BIRTH (month, day, and year) AGE Years Months   |                        | 865  | I lest saw h_GT_ alive onJ&n10,,19_32  |                   |  |  |
| 6. 7   | 67 6  | 0ays                   | If LESS than I day,hrs. ormin.                 | to have occurred on the date stated above, at 12:45Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   | Oate of onset     |  |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc            | Own Hom                | SETIFEe  | Cerebral hamorrhage  | 15<br>mins.       |  |  |
|  | this occupation (month and year) - EXERCITE - I  BIRTHPLACE (city or town) - RIVER (State or country) | Sp<br>OC               | ent in this cupation Lifetim                   | Other Contributory Causes of Importance:  Cerebral arterio-sclerosis   | 4 yrs.            |  |  |
| ER   | 13. NAME  | ohn Hearne             |  | 00100141 4170110-001610018   | - 3.7.5.          |  |  |
| FATHER   | 14. BIRTHPLACE (city or town) (State or country)  | 73 *                   |  | Name of operation  | aulopsy?          |  |  |
| ER   | 15. MAIDEN NAME Esth  | er Ann Gra             | ham  | 23. If death was due to external causes (VIOL ENCE) fill in also the following   |                   |  |  |
| 15. MAIDEN NAME    15. MAIDEN NAME   Esther Ann Graham                                 |   |                        |  | Accident, suicide, or homicide?  |                   |  |  |
| (Address) Cambridge d.  18. BURIAL, CREMATION, OR REMOVAL Place Liverton Date 21, 1953 |   |                        |  | Menner of injury   |                   |  |  |
|  | UNDERTAKER 21 1   | rabei                  | wy MB  | 24. Was disease or Injury in any wey related to occupetion of deceased? _ !  | lo                |  |  |
| 20.  | FILED J. ON 11, 1933.   | CEW                    | Registrar.                                     | (Signed) Y Carrow (Signed) (Address) Cambridge, Vi.  | M. D.             |  |  |

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|  | Example I            |             | Example II   |               |
|--|----------------------|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: |                      |             | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | FF 7 A 1933          | 1915        | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nep   | hritis               | 1921        | Run over by street ear   | 1 week ago    |
| Cerebral hemorrhage  | BUREAU V. S.         | July 5,1927 | Peritonitis  | 3 days ago    |
|  |                      |             |  |               |
|  |                      |             |  |               |
| Other contributory c   | auses of importance: |             | Other contributory causes of importance:                                       |               |
| Gallstones   |                      | May 1,1923  | Gastroenteritis  | 1 year        |
|  |                      |             |  |               |
|  |                      |             |  |               |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00483

| I. PLACE OF DEATH   | WITHIE        | 9020-           |                  | (93-d)   |
|---|---------------|-----------------|------------------|--|
| County Dorcheste  | r             | CORPORI         | To Limite        | Registration Dist. No. II6   |
| Village or City Cambri  | dge, 1        | Taryla          | nd               | No. 302 Locust Street St. Ward   |
| Length of residence in city or town   | where death o | ccurred I7      | (It<br>,vrs,mos  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Sophi  |               |                 |                  |  |
| (a) Residence: No. 302  |               |                 |                  | 0. W   |
| (a) Residence: No.  |               | Usual place of  |                  | St., Ward.   If nonresident give city or town and State  |
| PERSONAL AND STA  | TISTICAL      | PARTIC          | ULARS            | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RA Female White  |               |                 | (write the word) | 21. DATE OF DEATH  Jenuary 27 1987  (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of   |               |                 |                  |  |
| (or) WIFE of Late Th  | omas ]        | H. Law          | son.             | 22. I HEREBY CERTIFY, That I attended deceased from  |
|   | 1191          | 6/1865          |                  | I last saw her alive on Jan. 27 193; death is said   |
| 6. DATE OF BIRTH (month, day, and year 7. AGE Years Mon   | nths          | Days            | If LESS than     | to have occurred on the date steted above, et 8 25 m.  |
| 67  |               | 7               | 1 dey,hrs.       | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8 Trade profession or particular  | 1             | ıse Wi          | ormin.           | museardial insufficiery 9-10.3   |
| SAWYER, BOOKKEEPER, etc 9. Industry or business in which  | 1100          | TOC MT          | TA               | Cofeebral Hisombolis 1 1-27-3:   |
| work was done, as SILK MILL<br>SAW MILL, BANK, etc  |               |                 |                  |  |
| 13 10 Date descend last worked at   |               | 11. Total tim   | e (yeers)        |  |
| this occupation (month end year)  | 1/32.         | occup           | in this 45       |  |
| 12. BIRTHPLACE (city or town) DC (State or country)   | rehest        | ter Co          | unty             | Other Contributory Causes of Importance:   |
| # 13. NAME David Wil  | ley           |                 |                  |  |
| 13. NAME David Will 14. BIRTHPLACE (city or town). Do   | rehest        | ter Co          | unty             | Name of operation Date of  |
| (State or country)  | Marv          | land.           |                  | What test confirmed diagnosis? Was there an eutopsy?   |
| 15. MAIDEN NAME Elizab  | eth De        | ean.            |                  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Elizabeth Dean.  16. BIRTHPLACE (city or town) Wicomico County (State or country) Waryland. |               |                 | 40               | Accident, suicide, or homicide?Dete of injury, 19  |
| 17. INFORMANT Miss. Wi<br>(Address) Cambr   | llie l        | Lawson<br>Karvl | and.             | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, DR REMOVAL Place Cambridge.  |               |                 |                  | Manner of injury   |
| 19. UNDERTAKER Granvil (Address) Canh   | le S.         | Ie Com          | ite<br>land.     | 24. Was disease or injury in any wey related to occupation of deceased?  |
| 20. FILED Jan. 128, 19.33   | E             | Ew              | VCA Registrar.   | (Signed) Wylie M Faw M.D. (Address) Kambarda M.d.  |

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| Example 1                              |   |               | Example II   |               |  |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                       | L. FERIVED                              | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial neg               | phrîtis                                 | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                    | FEB 6 1993                              | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  | Lagrent S                               |               |  |               |  |
| Other contributory of                  | causes of importance:                   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                             |   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |   |               |  |               |  |
|  |   |               |  |               |  |

| ADDITIONAL SP | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
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|---------------|----------|---------|------------|----|-----------|

should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANGNT RECORD. Every item of infor-PHYSICIANS AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDU TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINE V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 00484  |
|---|---|
| 1. PLACE OF BEATH   | (1211)  |
| County Horchester   | Registration Dist. No.  |
| Village or City East new market   | No. St. Ward  |
| (If   | death occurred in a hospital or institution, give its NAME instead of street and number)                      |
| Length of residence in city or town where death occurredyrsmos.           | ds. How long in U. S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Space Los  | e offered here le   |
| (a) Residence: No. Cambridge book   | Cst., Ward. Well Market   |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS                                      | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)                      | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If merried, widowed, or divorced HUSBAND of                           | 22. / I HEREBY CERTIFY, That I attended decessed from   |
| (or) WIFE of  | Jon 14 1922 to Jan 17 1933  |
| 6. DATE OF BIRTH (month, day, and year) Dout Know                         | I lad saw h wine alive on Jaw 14th 1953; death is said  |
| 7. AGE Years Months Days If LESS than                                     | to have occurred on the date stated above, at   |
| 68 und. approx by 1 day, hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance   |
| 2 Trade profession or particular  | were es follows:  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                   | Milsal regurgitation 111/4,   |
| 9. Industry or business in which  | skeart 1 5  |
| work was done, as SILK MILL, SAW MILL, BANK, etc                          |   |
| 10. Date deceased last worked et this occupation (month and spent in this | 1 1   |
| year) occupation  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town)   | · <b>L</b> 1 -1   |
| (State or country)  | asciles due to  |
| 13. NAME Hoopen for   | Circhosos of Liver  |
| 14. BIRTHPLACE (city or town)   | Name of operation Manual Dete of 2002   |
| (State or country)  | What test confirmed diegnosi described to the was there an autopsy? . Its                                     |
| 15. MAIDEN NAME Manay Jackson   | 23. If death was due to external ceuses (VIOLENCE) fill In also the following:                                |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of njury19   |
| (State or country)  | Where did injury occur?   |
| 17. INFORMANT Elen Dashield   | (Specify city or town county and State) Specify whether Injury occurred INDUSTRY, in HOME or in PUBLIC PLACE. |
| (Address) East New market my  |   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Menner of injury  |
| Place Last New Markt Dato fan (9, 1933                                    | Nature of injury  |
| 19. UNDERTAKER HAT Willoughly (Address) East new In a feet my             | 24. Was disease or injury in eny way related to occupation of deceesed?                                       |
| 20. FILED Jan 19, 1933 HEPak Registrar.                                   | (Signed) J. B. Mardon M. D. (Address) Proplem M. D.   |
| To more blanks as model all a Control                                     | N. Cl. I. C. I. B. L. C.  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimor Requesting U. S. No. 1.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis CANASSA  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         |            |    |           |

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Registrar.

(Address)

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 doys ago    |  |  |
|  |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | Moy 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Oate of onset

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|  |               | RECEIVED   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
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|  |               |  |               |

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|                          |  | 43   |  |  |
|--------------------------|--|--|--|--|
| )                        | N. B.—WRITE PLAINLY, WITH UNFADING INK —THIS IS A PERMANENT RECORD. Every item of infor- | mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|                          | ORD. Every   | HYSICIANS  | t statement  |  |
| •                        | T REC  | Y. P.  | Exac   |  |
| MARGIN RESERVED FOR BIND | RMANEN   | XACTL  | classified.  |  |
| FUR D                    | IS A PE  | stated E   | properly   | TION is very important. See instructions on back of certificate. |
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| STATE OF | MARYLAND—CERTIFICATE | OF | DEATH | 00488 |
|----------|----------------------|----|-------|-------|
|----------|----------------------|----|-------|-------|

| 1. PLACE OF DEATH  |                                     |                                   | (47)   |
|--|-------------------------------------|-----------------------------------|--|
| County Do:   | rchester.                           | 4                                 | Registration Dist. No. //6   |
|  |                                     | D.No.1                            | No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs, mos, ds. |
| 2. FULL NAME.  (a) Residence: No   |                                     |                                   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND S   |                                     |                                   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR Whit  | RACE 5. SINGLE, MARI<br>OR DIVORCEI | RIED, WIDOWED.                    | 21. DATE OF DEATH  Jan 4, 1933 (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza  6. DATE OF BIRTH (month, day, and y  | abeth Rommel                        | Manufacture A                     | 22. I HEREBY CERTIFY. That I attended deceased from 1937, to 19  |
|  | Months Days                         | If LESS than I day,hrs. ormin.    | to have occurred on the date stated above, at 2_2Qm_P • M •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:                    |
| 8. Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, e Industry or business in which work was done, as SILK N SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) | nner, Far                           | me (years) it in this pation 55yr | Other Caatributary Causes of importance:   |
| 12. BIRTHPLACE (city or town)  | Md.<br>Mills.                       |                                   |  |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  | Md.                                 |                                   | Name of operation Date of Was there an autopsy?  |
| 15. MAIDEN NAME S8 16. BIRTHPLACE (city or town) (State or country)  | rah Moffett.<br>Md.                 |                                   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  |
| 17. INFORMANT Mrs. (Address)  18. BURIAL, CREMATION, OR REMOV. Place Cambridge   | Camb. Md.                           |                                   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of injury         |
| 19. UNDERTAKER F.T. (Addjess)  20. FILED AND 5, 19 3   | Cambridge, M                        | gh<br>Off<br>Registrar.           | 24. Was disease or injury in eny way releted to occupation of deceased? 10  If so, specify  (Signed)   |

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| The state of the s |               |  |               |
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|  |               | <b>6</b>   |               |
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| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| FEB 6 1933   |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | ,             |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00430

| 1. PLACI                   | E OF DEA   | ATH                    |                                      |   | (23)   |                  |
|----------------------------|--|------------------------|--------------------------------------|---|--|------------------|
| County                     | Dor  | chester                |                                      |   | Registration Dist. No  | 116              |
| Village                    | or City  | ambridge               | Md.                                  |   | No. Eastern Shore State Hospital, death occurred in a hospital or institution, give its NAME instead of street and | Ward             |
| Length (                   | of residence in  | city or town where     | death occurred                       | 7. yrs9mos                                |  | number)          |
| 2. FULL                    | NAME   | Delia                  | E. Parker                            | · h                                       | n  |                  |
| (a) Re                     | sidence: No.   | Willards,              | (Usual place                         | of abode of                               | St., Ward.  If nonresident give city or town an  | J Chan           |
| PERS                       | SONAL A  | ND STATIST             | ICAL PARTI                           |   | MEDICAL CERTIFICATE OF DEATH   | d State          |
| 3. SEX Female              | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Female White Widowed |                        | 21. DATE OF DEATH  January 27, 193 3 |   |  |                  |
| 5a. If married,<br>HUSBAND | widowed, or di   |                        |                                      | 100                                       | (Month) (Day)  | (Year)           |
| (or) WIFE                  | of   | Marion Pa              | arker                                |   | 22. I HEREBY CERTIFY, That I attended April 3, 1930 to January 27  |                  |
| 6. DATE OF BI              | RTH (month, d  | ay, and year) No       | vember 10.                           | 1877                                      | I last saw h er alive on January 27, 19 3  | 3; death is said |
| 7. AGE                     | Years  | Months                 | Days                                 | If LESS than                              | to have occurred on the date stated above, at 12:10A m.  |                  |
|                            | 55   | 2                      | 17                                   | ormin.                                    | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     | Date of onset    |
| 8. Trade, kin              | profession, or<br>d of work done<br>WYER, BOOKK  | as SPINNER.            | Housework                            |   | Pulmonary Tuberculosis   | 4/12/            |
| 9. Industr                 | y or business<br>rk was done, es<br>W MILL, BANK   | in which<br>SILK MILL, | Home                                 |   | Tablemary Inderentesis   | 32               |
| O 10 Date d                | W MILL, BANK<br>oceased last w<br>s occupation (m<br>ir)n  | arked at               | 11. Total ti                         | me (yeers)<br>It in this<br>petion Unknov |  |                  |
| 12. BIRTHPLAC              | CE (city or towr<br>or country)  | Nr. Waryla             | Villards                             |   | Other Contributory Causes of importance:   |                  |
| ₩ 13. NAME                 |  | Kendal]                | Massey                               |   | -  |                  |
|                            |  | town) Nr.              |                                      |   | Name of operation Date of_   |                  |
| (30                        | ete or country)  |                        | Md.                                  |   | What test confirmed diagnosis? Wes there an  | autopsy? No      |
| 15. MAIDE                  | N NAME   | Nancy T                |                                      |   | 23. If death was due to external causes (VIOL ENCE) fill In also the following                                     | ng:              |
|                            | PLACE (city or<br>ate or country)  | (OWN)                  | Willard<br>N                         | ld.                                       | Accident, suicide, or homicide? Date of injury Where did Injury occur?   |                  |
| 17. INFORMANT              |  | -Hospital              | Records                              |   | (Specify city or town, county and St<br>Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P       | LACE.            |
| 18. BURIAL, CR             | rew of   | 1 . 0                  | Date Jan                             | 28.,1933                                  | Manner of Injury   |                  |
| 19. UNDERTAKI              |  | Cachie                 | Ele De                               | lowers.                                   | 24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify                            | No               |
| 20. FILED                  | and 7  | ?19.3.3                | Essu                                 | O SA                                      | (Signed) Cambridge Maryland  | M.D.             |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BURNAU V.S.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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| 1  | Example 11   |  |
|--|--|--|
| Ses Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915   | Attack of epilepsy   | 1 week ago   |
| Chronic interstitial nephritis 1921 Run over by street car |  | 1 week ago   |
| July 5, 1927   |  | 3 days ago   |
|  | ·  |  |
|  | Other contributory causes of importance:                                       | 2000   |
| May 1,1923   | Gastroenteritis  | 1' year  |
| 3.2  |  |  |
|  | 1915<br>1921<br>July 5, 1927<br>May 1, 1923                                    | of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1, 1923 Gastroenteritis |

| M                         | N. BWRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|---------------------------|--|--|--|--|
|                           | RD. Every  | YSICIANS   | statement  |  |
|                           | NT RECO  | LY. PH   | d. Exact   |  |
| BINDI                     | ERMANE   | EXACT  | y classified   | te.  |
| D FOR                     | IS IS A F  | be stated  | be properl   | of certifica   |
| ESERVE                    | INK-TH   | E should !   | it it may !  | on back o  |
| MARGIN RESERVED FOR BINDI | NFADING  | plied. AG  | rms, se tha  | nstructions  |
| MA                        | WITH U   | efully sup   | in plain te  | ant. See i   |
| •                         | PLAINLY  | ould be car  | F DEATH  | ery import   |
| V. S. No. 1               | -WRITE I   | mation she   | CAUSE O  | TION is very important. See instructions on back of certificate. |
| V. S. No.                 | N. B.  |  |  |  |

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|            | STATE OF  | MAR          | YLAND-                            | CERTIFICATE OF DEATH  | 0492            |
|------------|---|--------------|-----------------------------------|---|-----------------|
| 1          | . PLACE OF DEATH  |              |                                   |   | JYJU            |
|            | County Dorchester   |              |                                   | Registration Dist. No. 116  |                 |
|            | Village or City Cambridge,  | Id. 1        | R.F.D.                            | No. St.,  | Ward            |
|            |   | occurred     | I 5 (16                           | No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth? yrs | number)         |
| 2          | 2. FULL NAME Edna Price   |              |                                   |   |                 |
|            | (a) Residence: No. Cambridge  | , Md.        | R.F.D.                            |   |                 |
| -          |   | (Usual place |                                   | If nonresident give city or town and  | State           |
| _          | PERSONAL AND STATISTICA   |              |                                   | MEDICAL CERTIFICATE OF DEATH  |                 |
|            |   |              | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH  January 2  (Month) (Day)   | _, 193_3        |
| 5a.        | If married, widowed, or divorced                                      | 11.40.00     |                                   |   |                 |
|            | HUSBAND of (or) WIFE of Late Thomas S                                 | . Pric       | e                                 | 22. I HEREBY CERTIFY, That I attended   |                 |
|            | 0.44  |              |                                   | May 22 ,184 , 10 Jan. 2   | , 1933          |
| _          |   | 25/186       |                                   |   | ; death is said |
| 6.         | AGE Years Months  | Days         | If LESS than I day,hrs.           | to have occurred on the date stated above, at 6. 15 m M  The PRINCIPAL CAUSE OF DEATH and related causes of importance                      |                 |
|            | 71 3  | 7            | ormin.                            | were as follows:  | Date of onset   |
| NO         | 8. Trade, profession, or particular kind of work done, as SPINNER,    | ise Wo       | オマト                               |   |                 |
| OCCUPATION | 9 Industry or business in which                                       |              | / 16 4/4                          | Concer of Bladder   | 2 gra.          |
| UP         | work was done, as SILK MILL,<br>SAW MILL, BANK, etc.                  | X            |                                   |   |                 |
| CC         |   | 11. Total ti | me (years)                        |   |                 |
| 0          | 10. Date deceased last worked at this occupation (month and 989 year) | sper         | nt in this 50                     |   | -               |
| 10         | PIDTURE ACE (situation)   |              |                                   | Other Contributory Causes of importance:  |                 |
| 12.        | (State or country) Virgini  | a.           |                                   | -   |                 |
| œ          | 13. NAME James H. Irice   |              |                                   |   |                 |
| FATHER     | Haller  |              | Snef                              |   |                 |
| FA         |   | Id.          | Tarin                             | Name of operation Date of   | 2-              |
| 2          | 15. MAIDEN NAME Matilda Lev   |              |                                   | What test confirmed diagnosis? Was there an   |                 |
| MOTHER     |   | 110          |                                   | 23. If death was due to external causes (VIDLENCE) fill in also the following   |                 |
| Q<br>W     | 16. BIRTHPLACE (city or town) Virgin                                  | lia.         |                                   | Accident, suicide, or homicide?   | , 19            |
|            |   |              |                                   | Where did injury occur? (Specify city or town, county and Sta   | te)             |
|            | INFORMANT Thomas S. Pric<br>(Address) Cambridge,                      |              |                                   | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL   | ACE.            |
| 18.        | BURIAL, CREMATION, OR REMDVAL   |              | 4 400                             | Manner of injury  |                 |
|            | Place Cambridge, Id. D  | ate          | 4/220,19                          | Nature of injury  |                 |
| 19.        | UNDERTAKER Granville S. I   | Le Comm      | te.                               | 24. Was disease or injury in any way related to occupation of deceased?   | 20              |
|            | (Address) Cambridge.  | Mary         | land.                             | If so, specify  |                 |
| 20         | FILED Jan. 4 1938 89  | choly        | 4                                 | (Signed) & E Walf   | M. D.           |
| ~ 0        | , .   |              | Registrar.                        | (Address) Cambrilge, Ind  |                 |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU V. 9  |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 0CC1 pluods Registration Dist. No. / (If death occurred in a hospital or institution, give its NAME instead of street and number) vrs. T mos. # ds. PHYSICIANS How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred. statement (a) Residence: No. RECORD If nonresident give city or town and State (Usual place of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) assified. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of C 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were as follows Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc .... may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupation 12. BIRTHPLACE (city or town) MARGIN (State or country) HER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 1 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) DEATH (State or country Where did Injury occur?... (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT pinous OF 18. BURIAL, CREMATION, OB REMOVAL Manner of Injury CAUSE ation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) Com If so, specify 20. FILED. Registrar. (Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 W. Charles Street, Baltimore, Requesting V. S. No. 1.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| N                         | ry item of infor-  | NS should state  | nt of OCCUPA-  |   |
|---------------------------|--|--|--|---|
| •                         | VT RECORD. Eve   | LY. PHYSICIA   | . Exact stateme  |   |
| FOR BINDI                 | IS A PERMANE   | stated EXACT   | properly classified  | cerumcate.  |
| MARGIN RESERVED FOR BINDI | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | MOUNTS VERY LIMPORTABLE. See INSTRUCTIONS ON DACK OF CERTIFICALE. |
| 1                         | -WRITE PLAINLY, WI   | mation should be carefu  | CAUSE OF DEATH in  | TION IS VERY Important.   |

V. S. No. 1

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 00495   |
|--|--|
| 1. PLACE OF DEATH  | MPORATO LINEAR OF A  |
| County Doubala   | Registration Dist. No.   |
| Village or City Cambridge Ind . Hoop   | la No. St., Ward   |
|  | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign blrth?yrsmosds. |
| 2. FULL NAME Human B. Ann  | dis-   |
| (a) Residence: No. Wassen made (Usual place of abode)                                      | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                                       | 21. DATE OF DEATH)   |
| male White OR DIVORCED (write the world)   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorcad HUSBAND of  |  |
| (or) WIFE of Vondon  | 22. 1 HEREBY CERTIFY. That I altended deceased from  |
| 1 7 15 1000  | Jan 9 1933, to Jan 11 1933   |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days I If LESS than           | Viast saw hand aliva on 1939; death is said  |
| 7. AGE Years Months Days If LESS than I day,hrs.   | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance                                  |
| 00 0 ormin.  | were as follows:   |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | 9-11   |
| A Industry or business in which  | Influenza  |
| work was done, as SILK MILL, SAW MILL, BANK, atc   |  |
| 10. Data deceased last worked at this occupation (month and year) year)                    |  |
|  | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) (Stata or country)   | Proceed Ro   |
| II 13. NAME H. D. Smoden   |  |
| 14. BIRTHPLACE (city or town)  | Name of operation 2000 Date of   |
| (Stata of country)   | What test confirmed diagnosis? 27-6  |
| 15. MAIDEN NAME June   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Data of injury19   |
| S (State or country)   | Where did injury occur?  |
| 17. INFORMANT Mis Human & Anythin  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                             |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury   |
| Placa Cambridge MM Date Jans 13, 1933  | Nature of injury   |
| 19. UNDERTAKER Transk & Albayth  | 24. Was diseasa or injury in any way related to occupation of deceased?  |
| (Address) Cambridge mol  | If so, specify   |
| 20. FILED Care 13, 1938 Construction Registrar.  | (Signed) M. D. (Address) A. J.   |
| If more blanks are needed address that Revietness  | N A Secretary Date of the N  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis 8 8 1933  | 1921          | Run over by street car   | 1 wcek ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| BUREAU V.S.  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| infor-<br>state<br>UPA-   | STATE C  | F MARYLAND—                                      | CERTIFICATE OF DEATH   | 00496            |  |
|---|--|--|--|------------------|--|
| of CC   | County Dorche  | ster.<br>Island,Md.                              | Registration Dist. No  | 1/3              |  |
| .= 0  |  | (If  | NoS f death occurred in a hospital or institution, give its NAME instead of streeds. How long In U.S. if of foreign birth?yrs        | t.,War           |  |
| RECORD, Every PHYSICIANS Exact statement  | 2. FULL NAME Henry (a) Residence: No.  |  |  |                  |  |
| RECO<br>. PH<br>Exact   | PERSONAL AND STATIST   |  | MEDICAL CERTIFICATE OF DEAT  |                  |  |
| T.X.  | 3. SEX 4. COLOR OR RACE White  | 21. DATE OF DEATH  Jan. 15, 1933.  (Month) (Day) | , 193<br>(Year)  |                  |  |
| BINDA<br>PERMANEN<br>E X A C T I<br>y classified<br>ite.  | 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Ella Cate   | or.  | 22. I HEREBY CERTIFY, That I atte  |                  |  |
| A PEI A PEI A PEI A PEI B PEI | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 72 3   | Sept. 24 1860.  Days If LESS than 1 dey,hrs.     | to have occurred on the date stated above, at 1.15Ann Mo  The PRINCIPAL CAUSE OF DEATH and related causes of Importance              | 33 ; death is sa |  |
| - 70  | 8 Trade profession or particular   | 21 or min. Farmer.                               | were as follows:   | Date of onse     |  |
| RESERVED G INK—THIS GE should be that it may be us on back of   | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased lest worked at this occupation (month and | 11. Total time (years) spent in this             | Lotar Premona  | 1/8/             |  |
| 24-0  | year)  | ltimore,   | Other Contributory Causes of importance:   |                  |  |
| ARG]<br>UNFA<br>upplied<br>terms,   |  | Spilman.   |  |                  |  |
| MARGIN<br>ITH UNFADI<br>Illy supplied.<br>plain terms, so   | 14. BIRTHPLACE (city or town)  | a.   | Name of operation  | of               |  |
| WIT<br>efull<br>in pl   | 置 15. MAIOEN NAME Annie Pa   | ttison.  | Whet test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: |                  |  |
| INLY, W. be careful EATH in important   | O 16. BIRTHPLACE (city or town)  | d.   | Accident, suicide, or homicide?0ate of injury  |                  |  |
| PLA<br>hould<br>OF D  | 17. INFORMANT Mrs. Ella (Address) Taylors I  18. BURIAL, CREMATION, OR REMOVAL   | Spilman.<br>sland,Md.                            | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  |                  |  |
| WRITE mation sl   | Place Taylors Island   |  | Manner of injury   |                  |  |
| N. R.   | 19. UNDERTAKER Frank E. (Address) Cambridge  |  | 24. Was disease or injury in any way related to occupation of deceased?  |                  |  |
| , X   | 20. FILED - M. 17 . 1933 9   | Rocal Registrar.                                 | (Signed) Ame W. Me de (Astrono) Pishing Cuely  | ha M.            |  |
|   | If more l  | lanks are needed, address State Registrar, 2     | 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.   |                  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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|               | Example II   |   |  |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |  |
| 1915          | Attack of epilepsy   | 1 week ago  |  |
| 1921          | Run over by street car   | 1 week ago  |  |
| July 5,1927   | Peritonitis,   | 3 days ago  |  |
|               |  |   |  |
| 3-113         | Other contributory causes of importance:                                       |   |  |
| May 1,1923    | Gastroenteritis  | 1 year  |  |
|               |  |   |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |  |

| ADDIBLONAL | OD ACE | TOD | TATEMPATTE | STATEMENTS | DV   | DIEVOTOTAN |
|------------|--------|-----|------------|------------|------|------------|
| ADDITIONAL | SPACE  | run | runinen    | STATEMENTS | 10.1 | THISICIAN  |

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDI TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 1914.97   |
|---|--|
| 1. PLACE OF, DEATH  | 00101  |
| County Dorgheste  | Registration Dist. No.   |
| Village or City Secretary mil   | NoSt.,Ward   |
|   | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidence In city of town where death occurredyrsmos.   | ds. How long in U.S. if of foreign birth?mosds.  |
| 2. FULL NAME WILL & Jode  | (  |
| (a) Residence: No.  | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |
| Jam White Middowrd  | (Month) (Day) (Year)   |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY, That I ettended deceesed from                                      |
| (or) WIFE OF Unlesseen  | Jan 7 ,1933, 10 Jan 21 ,1953   |
| 6. DATE OF BIRTH (month, day, and year) July 20 - 1835  | I fast saw here eliva on Ocare 2 , 1933; death is said                                   |
| 7. AGE Yaars Months Days If LESS than   | to have occurred on the dete stated above, at  |
| 97 5 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:           |
| 9 Trade profession or nestigning  | Date of onset  |
| SAWYER, BDDKKEEPER, etc.  9. Andustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month end this properties) month end spent in this security. | anonghal archina   |
| 9. Industry or business in which work was done, as SILK MILL.   | muyo en delie chronic:   |
| work was dona, as SILK MILL,<br>SAW MILL, BANK, etc.  | Suration . 18 months . Cw&R  |
| O *10.*Date deceased lest worked at this occupetion (month end year) spent in this occupation occupation occupation   |  |
|   | Dther Contributory Canses of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)  |  |
| 13. NAME Panell Fraction 14. BIRTHPLACE (city or town).   |  |
| 14. BIRTHPLACE (city or town)   | Name of operation  |
| (Clate of Country)  | What test confirmed diagnosis? Was there an au!opsy?                                     |
| 15. MAIDEN NAME Jack Satore  16. BIRTHPLACE (city or town)  | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:           |
| O 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of Injury, 19                                       |
| State or country)   | Whara did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT Mary Frak   | Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL   | Mennor of injury   |
| Piece Date Date 1933  | Natura of injury.  |
| 19. UNDERTAKER HAW Willinghly   | 24. Was disease or injury in any way related to occupation of deceased?                  |
| (Address) & best new Manget   | If so, specify   |
| 20. FILED Jan 23 1933 HE Bank   | (Signed) M. D.   |
| Registrar.  | (Address) Autous Mad   |

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| Example I   |                                 | Example II   |            |  |
|---|---------------------------------|--|------------|--|
| The principal cause of death and related cause of importance were as follows: | ED                              | The principal cause of death and related causes of importance were as follows: |            |  |
| Arteriosclerosis  | 1915                            | Attack of epilepsy   | 1 week ago |  |
| Chronic interstitial nephritis  | 1921                            | Run over by street car   | 1 week ago |  |
| Cerebral hemorrhage   | July 5,1927                     | Peritonitis  | 3 days ago |  |
| 3021.40   | 7 3 1                           |  |            |  |
| Other contributory causes of importance:                                      | to an add to the country of the | Other contributory causes of importance:                                       |            |  |
| Gallstones  | May 1,1923                      | Gastroenteritis  | 1 year     |  |
|   |                                 |  |            |  |
|   |                                 |  |            |  |

| M                        | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|--------------------------|---|--|--|--|
| 4Digit                   | MANENT RECORD.  | ACTLY. PHYSI   | assified. Exact stat   |  |
| ED FOR BIN               | HIS IS A PER  | be stated EX   | be properly cl   | of certificate.  |
| MARGIN RESERVED FOR BIND | IDING INK-T   | d. AGE should  | , so that it may   | uctions on back  |
|                          | C, WITH UNE   | arefully supplied  | H in plain terms   | rtant. See instr   |
| V. S. No. 1              | WRITE PLAINLY   | nation should be c   | CAUSE OF DEATH   | TION is very important. See instructions on back of certificate. |
| V. S. No.                | N. B.   | 1  | _  |  |

| 1   | S   | TATE C                   | F MAR                                    | YLAND-                               | CERTIFICATE OF DEATH 00498   |
|---|---|--------------------------|--|--------------------------------------|--|
|   | 1. PLACE OF DEA   | TH                       | WITHIN DODG                              |                                      |  |
|   | County Dorch  | ester                    |  | PAATE LIMITS                         | Registration Dist. No. II6   |
|   | Village or City Cal   | mbridge,                 | Maryla                                   | nd.                                  | No. 409 Maryland Ave. st Wa  |
|   | Length of residence in c  | ity or town where d      | leath occurred                           | 30rs ma                              | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  |
|   | 2. FULL NAME J  |                          |  |                                      | The state of the s |
|   | (a) Residence: No.  |                          |  |                                      | St. 5 Ward.  |
| phines  | (a) Nesidence. No.  | 10:                      | (Usual place                             |                                      | If nonresident give city or town and State   |
|   | PERSONAL AN   | ID STATIST               | ICAL PARTI                               | CULARS                               | MEDICAL CERTIFICATE OF DEATH   |
|   |   | or or race               | 5. SINGLE, MARI<br>OR DIVORCED<br>W1(10W | (write the word)                     | 21. DATE OF DEATH  January IOth  (Month) (Day) (Year)  |
| 5a  | . If married, widowed, or div<br>HUSBAND of<br>(or) WIFE of ate |                          | nn H. Tw                                 | illey                                | 22. I HEREBY CERTIFY, That I attended deceased from 1932, to 193   |
| 6.  | DATE OF BIRTH (month, da  | y, and year)             | 0/4/1850                                 |                                      | I last saw h alive on 5, 1933; death is sa   |
| 7.  | AGE Years   | Months                   | Days                                     | If LESS than                         | to have occurred on the date steted above, at a SU Am.   |
|   | 82  | 4                        | 6  | 1 day,hrs.<br>ormin.                 | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one  |
| NO  | 8. Trada, profession, or p kind of work done,                   | as SPINNER.              | lone                                     |                                      | Dateotone  |
| OCCUPATION  | SAWYER, BOOKKEI   | n which                  |  |                                      | Myoundate Chrome   |
| Sup   | work was done, as SAW MILL, BANK,                               | SILK MILL,<br>etc        | X  |                                      |  |
| 00  | 10. Date deceased last wo this occupation (mo year)             | rked at inth and         | 11. Total tii<br>spen<br>occu            | ma (years)<br>t in this X<br>pationX |  |
| 12  | . BIRTHPLACE (city or town) (State or country)                  | orcheste                 | r Count                                  | y, Ma.                               | Other Contributory Causes of importance:   |
| ER  | 13. NAME Thor   | nas J. I                 | Le Compte                                | •                                    |  |
| FATHER  | 14. BIRTHPLACE (city or to<br>(State or country)                | Dorchee                  | ter Cou                                  | nty, Md.                             | Name of operation  |
| ER  | 15. MAIDEN NAME   | lary A.                  | Handley                                  |                                      | What test confirmed diagnosis? Was thera an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| MOTHER  | 16. BIRTHPLACE (city or to<br>(State or country)                |                          |  | nty Md.                              | Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?, 19  |
| 17. INFORMANT Mrs. R. Edward Thomas.  (Address) Cambridge, Maryland.  |   |                          |  |                                      | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18  | BURIAL, CREMATION, OR F   | TO TO THE REAL PROPERTY. | Date I/I                                 | 2/33,19                              | Menner of Injury   |
| 19. UNDERTAKER Granville S. Le Compte. (Address) Cambridge, Maryland. |   |                          |  |                                      | 24. Was diseesa or injury in any way related to occupation of deceased? 200  |
| 20.   | FILED Jan 11.   | 19.3.3                   | EEU                                      | Polff.                               | (Signed) folia march M.  (Midres) Charles M.   |
|   |   | If more l                | blanks are needed, ac                    | ldress State Registrar,              | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

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| Example 1  |               | Example 11   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

| ranoiomeo |               | May 1,1920    | Gustroentertus   |           | 1 year |
|-----------|---------------|---------------|------------------|-----------|--------|
|           |               |               |                  |           |        |
|           | ADDITIONAL SP | ACE FOR FURTH | ER STATEMENTS BY | PHYSICIAN |        |
|           |               |               |                  |           |        |
|           |               |               |                  |           |        |
|           |               |               |                  |           |        |

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign blyth?\_\_\_\_\_\_vrs.\_\_\_\_\_mos.\_\_ PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) (Year) 5a. if marriad, widowad, or divorcad HUSBANO of 22. I HEREBY CERTIFY, That I attended deceased from (or) WHEE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE if LESS than Month to have occurred on the data stated above, at, 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. back may Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased jast worked at 11. Total time (yaars) spent in this no this occupation (month and occupation \_\_ instructions 12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) FATHER 14. BIRTHPLACE (city or town) Nama of oparation ... (Stata or country) What tast confirmed diagnosis? ..... Was there an autopsy? MOTHER very important. 15. MAIDEN NAME 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: -Accidant, suicida, or homicida? 16. BIRTHPLACE (city or town) (Stata or country) Whare did injury occur? (Specify city or town, county and State) DE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods OF 18. BURIAL CREMATION, OR REMOVA Manner of Injury ... WRITE CAUSE mation LOIL Natura of injury .... 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Addrass) If so, specify (Addrass) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| HULEAU V.S.  | 196<br>148    |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| M)                        | N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|---------------------------|---|--|--|--|
| •                         | ENT RECO  | TLY. PH  | ed. Exact  |  |
| BIND!                     | PERMAN  | d EXAC   | erly classifi  | cate.  |
| D FOF                     | IS IS A   | e state  | e prope  | of certifi   |
| MARGIN RESERVED FOR BINDI | NG INK-TH   | AGE should b   | that it may b  | ons on back o  |
| MARGIN                    | WITH UNFADI   | efully supplied.   | in plain terms, so   | TION is very important. See instructions on back of certificate. |
| V. S. No. 1               | ITE PLAINLY,  | n should be car  | SE OF DEATH  | is very importa  |
| V. S. No. 1               | N. BWR  | matic  | CAU  | TIOL   |

|  | S                           | IAIE                    | OF MAR                   | YLAND-                            | CERTIFIC                  | AIE OF I                   | DEATH   | 00500             |
|--|-----------------------------|-------------------------|--------------------------|-----------------------------------|---------------------------|----------------------------|---|-------------------|
| 1. PLACE O   | F DEAT                      | Н                       | er.                      | TEN DO                            |                           | Tira                       |   | 4.                |
| County   |                             | Doz                     | chester                  | TEIR DORPORA                      | Ta cimira-ai              | Regis                      | tration Dist. No.                                       | 116               |
| Village or C   | city                        | Car                     | abridge,                 | Md.                               | No.                       |                            | St.   | Ward              |
| Length of resi   | idence In cit               | y or town where         | death occurred 4         | yrsmos                            | sds. How lon              | ng in U.S. if of foreign b | oirth?yrs   | and number)       |
| 2. FULL NA   | ME                          | Anne                    | May Web                  | ster.                             |                           |                            |   |                   |
| (a) Residen  |                             |                         |                          |                                   | St., Wa                   | ard.                       |   |                   |
|  |                             |                         | Cambridg<br>(Usual place |                                   |                           | If no                      | nresident give city or town                             |                   |
|  | 1                           |                         | ICAL PARTI               |                                   |                           |                            | CATE OF DEAT  | H                 |
| s. sex Female  |                             | ite                     |                          | RIED, WIDOWED, D (write the word) | 21. DATE OF               |                            | an.4,1933.  | , 193             |
| 5a. If marriad, widow<br>HUSBAND of                                      | ved, or divor               | cad                     |                          |                                   |                           |                            | \>/   |                   |
| (or) WIFE of Winfield Webster.   |                             |                         |                          | Dex 2                             | FREBY CER                 | TIFY, That I atter         |   |                   |
| 6. DATE OF BIRTH   |                             |                         | Dec.2.                   |                                   | i last saw h              | alive on                   |   | 33; death is sald |
| 7. AGE Yea   |                             | Months                  | Days                     | If LESS than                      |                           | the date stated abova, a   | 11.15 mA.M.   | )                 |
| (  | 56                          | 1                       | 2                        | I day,hrs.                        | The PRINCIPAL CAU         | USE OF DEATH and rais      | ated causes of Importance                               | 1                 |
| Z 8. Trade, profa  | ssion, or pa                | rticular<br>is SPINNER, |                          |                                   |                           |                            |   | Date of onset     |
| SAWYER  9. Industry or   | , BOOKKEEI                  | PER, etc                | Hou                      | sewife                            | myla                      | mya,                       |   |                   |
| work wa  | s done, as S<br>LL, BANK, e | ILK MILL,               |                          |                                   | Bru                       | all fr                     | dann some   | Dec 2)            |
| U 10: Date deceas  |                             | ked at                  | 11. Total t              | ime (years)<br>ntin this          | -                         | ,                          |   |                   |
|  |                             |                         | occi                     | pation                            | 04h C                     | Canses of importance:      |   |                   |
| 12. BIRTHPLACE (ci   | ty or town)_                |                         |                          |                                   | Other Contributory C      | Lauses of importanca:      |   |                   |
| (Stata or cou  | ntry)                       |                         | Md.                      |                                   |                           |                            |   |                   |
| 13. NAME   |                             | John A.                 | Harper                   | •                                 |                           |                            |   |                   |
| 13. NAME  14. BIRTHPLACE   |                             | wn)                     | Md.                      |                                   | Name of operation         | um                         | Date  | of                |
| (State of  | country)                    | 11-4472                 |                          |                                   |                           |                            | Was thara   |                   |
| F  |                             |                         | a Waller                 |                                   |                           |                            | ENCE) fill in also the follo                            |                   |
| State or   | (city or tov                | ν <b>π</b> )            | 303                      |                                   | Where did injury occ      |                            | Date of injury  | , 19              |
| 17 INFORMANT   | Man                         | Widow de L'             | Md.                      |                                   |                           | (Specif                    | y city or town, county and<br>RY, in HOME, or in PUBLIC | State)            |
| 17. INFORMANT (Address)  | C                           | ambrid                  | re. Md.                  | 0F                                | -                         |                            |   | , TENOE.          |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date Dan. 6, 1933 |                             |                         | Manner of injury         |                                   |                           |                            |   |                   |
| PlacaU.  | AMOLI                       | aRa-" mi                | Le Date                  | O Taba                            | Nature of Injury          |                            |   |                   |
| 19. UNDERTAKER Frank E. Albaugh.  (Address) Cambridge Md.                |                             |                         | 24. Was diseasa or inj   | jury in any way related           | to occupation of daceased | ho                         |   |                   |
| 20. FILED Jan  | 5.,1                        |                         | 7 - 1                    | volff<br>Registrar.               | (Signad)(Address          | folia.                     | more fr   | M. D.             |
| 0  |                             | If more                 | blanks are needed, a     | // / -                            | 2411 N. Charles Street, I | Baltimore, Requesting T    |   | 7                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Exa  | imple I       |            | Example II   |            |
|--|---------------|------------|--|------------|
| The principal cause of death and related causes of importance were as follows: |               |            | The principal cause of death and related causes of importance were as follows: |            |
| Arterioselerosis   |               | 1915       | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis   | 77 77         | 1921       | Run over by street car-  | 1 week ago |
| Cerebral hemorrhage  | BURLING       | July5,1927 | Peritonitis ,  | 3 days ago |
|  |               |            | •  |            |
| Other contributory causes of   | f importance: |            | Other contributory causes of importance:                                       |            |
| Gallstones   |               | May 1,1923 | Gastroenteritis  | 1 year     |
|  |               |            |  |            |
|  |               |            |  |            |

| ADDITIONAL | SPACE I | FOR | <b>FURTHER</b> | STATEMENTS | BY | PHYSICIAN |
|------------|---------|-----|----------------|------------|----|-----------|
|            |         |     |                |            |    |           |

| M                         | item of infor-  | should state   | of OCCUPA-   | 1  |
|---------------------------|---|--|--|--|
| R BINDA                   | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | ficate.  |
| D FOI                     | V SI SI   | e state  | e prop   | f certif   |
| MARGIN RESERVED FOR BINDS | WITH UNFADING INK-THI   | refully supplied. AGE should b   | in plain terms, so that it may b   | TION is very important. See instructions on back of certificate. |
| V. S. No. 1               | N. B.—WRITE PLAINLY,  | mation should be car   | CAUSE OF DEATH   | TION is very import  |

|  | E OF DEATH  |  |                                  | (37)   |  |  |
|--|---|--|----------------------------------|--|--|--|
| County Dorchester  |   |  |                                  | Registration Dist. No. / / U   |  |  |
|  | Village or City Galestown (If   |  |                                  | NoSt., Waldeath occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosc |  |  |
|  |   |  |                                  | 1103   |  |  |
|  | NAME William  | H.Wneat                                | rea                              |  |  |  |
| (a) Ke   | esidence: No.   | (Usual place o                         | f abode)                         | St., Ward.  If nonresident give city or town and State   |  |  |
| PER  | SONAL AND STATIST   | TICAL PARTIC                           | CULARS                           | MEDICAL CERTIFICATE OF DEATH   |  |  |
| 3. SEX<br>Male   | 4. COLOR OR RACE White  | 5. SINGLE, MARR<br>OR DIVORCED<br>Sing | (write the word)                 | 21. DATE OF DEATH  Jan I 1933 <sub>193</sub>   |  |  |
| 5a. If married,  | widowed, or divorced  | ,,,,,,,                                |                                  | (Month) (Day) (Year)   |  |  |
| (or) WIFI  | HUSBAND of<br>(or) WIFE of  |  |                                  | 22. I HEREBY CERTIFY, That I attended deceased from 1925   |  |  |
| 6. DATE OF B   | IRTH (month, day, and year)   | Nov 22                                 | 1854                             | I last saw h alive on 193 2; death is sa   |  |  |
| 7. AGE   | Years Months 78 I   | Days<br>IO                             | If LESS than 1 day,hrs. ormin.   | to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date of one:        |  |  |
| O Kir  | profession, or particular of work done, es SPINNER, WYER, BOOKKEEPER, etc   | Laborer                                | Tarm                             | arteris Selevases  |  |  |
| 9. Indust  | ry or business in which<br>ork was done, es SILK MILL,<br>W MILL, BANK, etc |  |                                  | Trastic ty first with  |  |  |
| - 1 100  | deceased last worked et<br>is occupation (month and<br>ar)                  | 11. Total tin<br>span<br>occur         | ne (yeers)<br>tin this<br>pation |  |  |  |
|  | CE (city or town)   | L                                      |                                  | Other Contributory Causes of importance:   |  |  |
| 13. NAME   | Arthur Wheat  | ey                                     |                                  |  |  |  |
| 1. 1   | PLACE (city or town)  | <b>I</b> d                             |                                  | Name of operation Date of<br>What test confirmed diagnosis? Was there an autopsy?  |  |  |
| 15. MAIDE  | N NAMEAnne Dunr   | 1                                      |                                  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |  |  |
| 16. BIRTH  |   | ld                                     |                                  | Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?  |  |  |
| 17. INFORMANT Clarence E . Wheatley (Address) Seaford, Del.        |   |  | ****                             | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL Place Galestown Date Jan 3 1933. |   |  | 3 1933.                          | Manner of injury   |  |  |
| 19. UNDERTAK   | W.D.Graveno   |  |                                  | 24. Was disease or injury in any way related to occupation of deceased?  |  |  |
| 20. FILED.J  | ny 3 , 19 33 }  | r. 16 acti                             | Registrar.                       | (Signed) Mulliman M.  (Address) M. Wyllowniach.  |  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I   |                  | Example II   |               |
|---|------------------|--|---------------|
| The principal cause of death and related cause of importance were as follows:  Arteriosclerosis | S_ Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915             | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephrilis  | 1921             | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927      | Peritonitis  | 3 days ago    |
| BUREAU  | المنتسب          |  |               |
| Other contributory causes of importance:  |                  | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923       | Gastroenteritis  | 1 year        |
|   |                  |  |               |
|   |                  |  |               |

S. No.

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state infor

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|   | Example I                            | 1             | Example II   |               |
|---|--------------------------------------|---------------|--|---------------|
| The principal cause of importance were as | of death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis                          | s follows:                           | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial neph                 | vritis                               | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                       | CERTO BAN                            | July 5, 1927  | Peritonitis  | 3 days ago    |
|   | PEREAUVE                             |               |  |               |
| Other contributory ca                     | uses of importance:                  |               | Other contributory causes of importance:                                       |               |
| Gallstones                                | - Andrews                            | May 1,1923    | Gastroenteritis  | 1 year        |
| *   |                                      |               |  |               |
|   |                                      |               |  |               |

PHYSICIANS WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. FOR BIND MARGIN RESERVED AGE should be

V. S. No. 1

(Address)

should state Exact statement of OCCUPAitem of inforcertificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.-WRITE PLA

| STATE OF MARYLAND  | -CERTIFICATE OF DEATH 00503   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH  |   |  |  |
| County Dos chester   | Registration Dist. No. / / O  |  |  |
| Village or City News Daleston  |   |  |  |
| village of City 14001 Section 1  | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)                                |  |  |
| Length of residence in city or town where deeth occurredyrs                                  | mosds. How long in U.S. if of foreign birth?yrsmosds.   |  |  |
| 2. FULL NAME Colsew a. Watter  |   |  |  |
| (a) Residence: No.   | St., Ward.  |  |  |
| (Usual place of abode)   | If nonresident give city or town and State  |  |  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |  |  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)             | 21. DATE OF DEATH (Month) (Day) (Year)  |  |  |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of                                 | 22. I HEREBY CERTIFY, That I attended deceased from   |  |  |
| 6. DATE OF BIRTH (month, day, and yeer)  | I last saw h alive on 19 ; death is said  |  |  |
| 7. AGE Years Months Days If LESS that  | to have occurred on the date stated above, atm.   |  |  |
| 1933 Jan 26 1day,  | THE FRINGIPAL CAUSE OF DEATH and lesated causes of thipotrance  |  |  |
| 8 Trade profession or particular   | were as follows: Oate of onset  |  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                                      |   |  |  |
| 9. Industry or business in which   |   |  |  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |   |  |  |
| Date deceased last worked at 11. Total time (years) this occupation (month and spent in this |   |  |  |
| year) occupation   | Other Contributory Causes of importence:  |  |  |
| 12. BIRTHPLACE (city or town) he we Juliston   | Other Continuery Causes of Importance.  |  |  |
| (State or country) Md  |   |  |  |
| 13. NAME Edgar Morten  |   |  |  |
| 13. NAME Edgar Mooten  14. BIRTHPLACE (cityor town) margland.                                | Name of operation Date of   |  |  |
| (Stete or country)   | What test confirmed diagnosis?  |  |  |
| 15. MAIDEN NAME Wetta II. Riggin   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |  |  |
| E de la color de la  | Accident, suicide, or homicide? Date of injury 19   |  |  |
| O 16. BIRTHPLACE (city or town)  |   |  |  |
| 17. INFORMANT Edgus Vooten (Address) Seatured A. I. P. (A)                                   | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Menner of injury  |  |  |
| Place Talestorm Date Jany 27, 193  | Nature of injury  |  |  |
| 19. UNDERTAKER A Traveyor TBro   | 24. Was disease or injury in any way related to occupation of deceesed?   |  |  |

Registrar.

if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 191ő          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
|  | - 15          |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

